

# TABLE OF CONTENTS

<b>1. EXECUTIVE SUMMARY .....</b>	<b>1</b>
Background.....	1
Demographic Characteristics.....	2
Service Areas .....	3
Conclusion .....	3
Limitations.....	4
<b>2. INTRODUCTION.....</b>	<b>5</b>
Purpose of the Survey .....	5
Interpretation of the Results.....	5
Organization of the Report.....	5
Contact Information for Questions .....	5
<b>3. METHODOLOGY .....</b>	<b>7</b>
Measure .....	7
Administration of the Survey .....	7
Domain Definitions .....	7
Sample .....	8
Analyses.....	8
<b>4. STATEWIDE SURVEY RESPONSES.....</b>	<b>11</b>
Demographics and Treatment Characteristics of Statewide Sample .....	11
Satisfaction with Services On All Domains.....	22
Differences Between Groups.....	24
Differences Between Groups.....	25
Trends Over Time.....	32
CSB Level Consumer Perception.....	33
Summary .....	39

## ACKNOWLEDGMENTS

The Department of Mental Health, Mental Retardation and Substance Abuse Services wishes to acknowledge the significant efforts of the employees at the 40 community services boards across Virginia and the thousands of consumers who took the time to complete the consumer survey. We would also like to recognize the work of the Social Science Research Center at Old Dominion University. In addition, we acknowledge the team of people in the Office of Mental Health and the Office of Substance Abuse Services who conducted the consumer survey, analyzed the survey results and produced this report. It was a collaborative effort, and the contributions of all involved were necessary to make it possible. Also, this survey would not have been possible without a mental health data infrastructure grant from the Center for Mental Health Services (CMHS), Substance Abuse Mental Health Services Administration (SAMHSA).

### Authors:

- George E. Banks, Evaluation Associate, OMH, Planning and Evaluation
- Adrienne Ferriss, Data Manager, OMH
- Will Ferriss, Director, OMH, Planning and Evaluation

# EXECUTIVE SUMMARY

## Background

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified consumer perceptions of services at community services boards (CSBs) as a performance measure to be assessed by CSBs on an annual basis. The DMHMRSAS administered its eleventh annual statewide survey of consumer perceptions of CSB services in October 2007 using a 33-item version of the Consumer Survey developed for the Mental Health Statistics Improvement Program's (MHSIP) Consumer-Oriented Mental Health Report Card. For the eighth consecutive year, data were collected on adult mental health and substance use disorder consumers who presented for non-emergency outpatient services over the course of one workweek. This survey method was used to assure that the sample of consumers surveyed at each CSB would be representative of the population of consumers currently being served by the CSB.

To determine consumer perceptions of CSB services, six outcome indicators were calculated based on responses to the MHSIP Consumer Survey. These indicators were:

- **Consumer Perception of Access**, defined as the percentage of consumers who reported good access to services.
- **Consumer Perception of Appropriateness**, defined as the percentage of consumers reporting that they received services appropriate to their needs.
- **Consumer Perception of Outcome**, defined as the percentage of consumers who reported positive change as a result of the services they received through the CSB.
- **Consumer Satisfaction with Services**, defined as the percentage of consumers who reported general satisfaction with CSB services.
- **Consumer Perception of Functioning**, defined as the percentage of consumers who reported improved functioning as a result of the services they received through the CSB.
- **Consumer Perception of Social Connectedness**, defined as the percentage of consumers who reported improved social connections as a result of the services they received through the CSB.

## Demographic Characteristics

- All 40 CSBs participated in the survey. Of the 14,156 consumers eligible for the survey, 8,718 submitted a survey yielding a response rate of approximately 62%.
- Survey respondents were 8,718 adult mental health (MH), substance use (SUD) and co-occurring mental health and substance use disorders (MH/SUD) outpatient consumers presenting for clinic appointments over the course of one workweek.
- The majority of respondents were White (62%), female (51%), and between the ages of 21 and 64 (92.5%).
- More than half (54%) identified themselves as receiving treatment for MH problems, while about 28% reported receiving treatment services for SUD alone, and 18% for MH/SUD.
- Slightly more respondents reported being in treatment for at least one year (53.4%) than reported being in treatment for less than one year (46.6%).
- Approximately 36% of the respondents were referred for treatment services by family, friends, or self. Consumers seeking SUD services were more likely to have been referred by the criminal justice system or the department of social services (63%), while MH consumers were more likely to have been referred by physicians or hospitals (47%).
- About 7% of the respondents reported that they had been homeless at some time during the six months prior to completing the survey.
- Thirty percent of the respondents reported that they had moved at least once in the past six months.
- About 21% had been arrested during the past twelve months. About sixteen percent had been arrested during the preceding year.
- Seventeen percent had at least one psychiatric hospitalization during the past twelve months.
- About 48% had some kind of paid employment during the year preceding the survey.

## Outcome Indicators

- The majority of Virginia's adult consumers reported positive perceptions of services received through the CSBs.
- 81.7% (N=8,646) of consumers reported satisfaction in the domain of Access, 85.3% (N=8,587) in the Appropriateness domain, 73.3% (N=8,492) in the Outcome domain, 86.7% (N=8,644) in the General Satisfaction domain, 69.6% (N=8,477) in the Functioning domain and 71.9% (N=8,192) in the Social Connectedness domain.
- Women were scored higher on the General satisfaction, Access, and Appropriateness domains, while men scored higher on the Outcome, Functioning, and Social Connectedness domains.
- Consumers in the youngest age group were significantly less likely to report positive perceptions on all domains than consumers in older age groups.
- Hispanic consumers were significantly more likely to report positive perceptions on all domains except Access, although Hispanic scores were still higher in this domain.

- African-American and consumers in the “Other” category of race were significantly more likely to report a positive perception on the Outcome, Functioning, and Social Connectedness domains than were Whites.
- In general, consumers who had been receiving services for longer periods reported more positive perceptions than consumers who received services for only a short time. These differences were significant for all domains except Appropriateness
- Those consumers who indicated that they had not been homeless in the past six months were more likely to report positive perceptions of service in all domains than those who had been homeless. Consumers who had not moved within the last six months were significantly the Access, Outcome, and Functioning domains.
- Those who indicated that they had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Social Connectedness domains than those who had been arrested. However, those who reported being arrested in the past twelve months scored higher in the Outcomes and Functioning domains.
- Those who reported that they had not had a psychiatric hospitalization in the past twelve months were significantly more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains than those who had been hospitalized. However, those that reported being hospitalized scored the same in the General Satisfaction and Access domains than respondents as those who were not hospitalized.
- Those who indicated that they had not worked at a paid job in the past 12 months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Appropriateness domains, while those who had paid employment in the past 12 months were more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains.

## Service Areas

Analyses assessing consumer perceptions in the following three service areas were conducted: MH, SUD and MH/SUD:

- The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains.
- The SUD consumers were more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains than either MH or MH/SUD consumers.
- Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome, Functioning, and Social Connectedness domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

## Conclusion

- The majority of Virginia's adult consumers receiving MH and SUD services continue to report positive perceptions of the services received through the CSBs on several domains. More than 80% of consumers reported positive perceptions on the domains of Access, Appropriateness and General Satisfaction. About 73% of consumers reported positive perceptions of Outcomes and 70% reported positive perceptions of Functioning which are slightly lower than last previous year.

## Limitations

Several limitations prevent conclusive interpretation of these findings. These are:

- Considerable variability was found in reported survey response rates, ranging from 14.0% to 98.2% of kept non-emergency appointments for the survey week.
- The results of this survey reflect the perceptions of only those consumers in treatment at the time of the survey and who agreed to complete it. Thus, the survey is open to self-selection biases. It is possible that there are differences between the consumers who completed the survey and those who did not. However, such information was not collected to test for differences.
- Because consumers who are no longer in treatment and not scheduled for an appointment that week are not surveyed, these results cannot be generalized to all consumers served by CSBs.
- The MHSIP measure used for this survey was designed to improve the quality of mental health programs and services, and not necessarily designed for substance use disorder populations. Therefore, caution should be taken when interpreting the results for consumers with SUDs.
- All variables were obtained by self-report, making the findings open to self-report biases.
- Finally, because the survey is a cross-sectional design, these findings represent the perceptions of consumers only at the time of the survey. Perceptions and attitudes are subject to continuous change over time.

Despite these limitations, the survey clearly contributes to a greater understanding of consumer perceptions about publicly funded MH and SUD treatment services. Age and gender differences in perception of CSB services, for example, highlight the need for CSB staff members to be aware of the implications of such demographic characteristics when providing treatment services.

# INTRODUCTION

## Purpose of the Survey

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified consumer satisfaction and perceptions of Community Services Boards (CSBs) as a performance measure to be assessed on an annual basis. The DMHMRSAS administered its eleventh annual statewide survey of consumer perceptions of CSB services in October 2007. For the eighth consecutive year, data were collected on adult mental health and substance use disorder consumers who presented for non-emergency outpatient services over the course of one workweek.

## Interpretation of the Results

- Results of the surveys are given in percentages. This report uses the following guide. Percentage (%) agree includes those who indicated, “Strongly Agree” or “Agree” as a response. Percentage (%) disagree includes those who indicate the categories of “Disagree” or “Strongly Disagree” as a response.
- For data analysis, some patient and treatment categories were collapsed into meaningful categories. Race was collapsed into White, African-American and Other, because the numbers of respondents who self-identified as Asian, Pacific Islander, Native American, etc. were too small for the results to be statistically significant. The age categories, duration of treatment and referral source categories were collapsed also.
- Analysis was done using SPSS 14.0. T-tests and ANOVAs were used as appropriate. Significant differences are those differences that are statistically significant at the  $p \leq .05$  level,  $p \leq .01$ , or  $p \leq .001$  level as denoted.

## Organization of the Report

This document is divided into four chapters organized by the results of the survey. The four chapters are Statewide, Mental Health, Substance Use Disorders and co-occurring Mental Health and Substance Use Disorders. Appendix A is the survey instrument and Appendix B has information pertaining to Internet resources.

## Contact Information for Questions

Statewide Data  
Mental Health Disorders

Will Ferriss, OMH  
(804) 371- 0363  
[will.ferriss@co.dmhmrssas.virginia.gov](mailto:will.ferriss@co.dmhmrssas.virginia.gov)

George E. Banks, OMH  
(804) 371-7428  
[george.banks@co.dmhmrssas.virginia.gov](mailto:george.banks@co.dmhmrssas.virginia.gov)

Substance Use Disorders  
Mental Health/Substance Use Disorders

Sterling Deal, OSAS  
(804) 786-3906  
[sterling.deal@co.dmhmrssas.virginia.gov](mailto:sterling.deal@co.dmhmrssas.virginia.gov)





# METHODOLOGY

## Measure

Consumers were surveyed by means of a questionnaire distributed by administrative staff at the Community Service Boards (CSBs). The questionnaire (see Appendix A) used for this project was the 33-item version of the Consumer Survey developed for the Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card*. The MHSIP Consumer Survey is designed to measure consumer perceptions of community-based services on several dimensions, including access to services, appropriateness, quality of services, consumer perceptions of positive change and functioning (outcomes), and social connectedness as a result of services. Respondents were also asked to self-identify the reason they were receiving services: mental health (MH), substance use disorder (SUD), co-occurring mental health and substance use disorder (MH/SUD). The following demographic information was collected: race, gender, ethnicity, age, length of time receiving services and referral source. Questions were asked regarding involvement with the justice system, employment, job training, psychiatric hospitalization, and housing status. CSBs were also asked to provide a report of the number of kept non-emergency appointments for adult mental health and substance use disorder consumers during the survey week, to calculate survey response rates.

## Administration of the Survey

The 40 CSBs distributed the Consumer Survey to adult consumers of mental health and substance use disorder outpatient and case management services for the week of their choice, either the last week in September or the first week in October of 2007. A Spanish version of the survey was provided as needed. Completion of the surveys was voluntary and confidential. The CSBs returned the completed surveys to Old Dominion University (ODU) for processing. DMHMRSAS contracted with ODU to revise the survey (minimal changes from the previous year), provide the surveys to and receive the surveys from CSBs via mail, and to process the completed data. The Office of Mental Health (OMH) and the Office of Substance Abuse Services (OSAS) were responsible for data analyses and reporting. A total of 8,718 surveys were submitted, representing approximately 62% of the consumers receiving treatment in CSBs during the week of the survey. See Figure 1 on page 9 for a breakout by CSB.

## Domain Definitions

Consumers responded to the 33 items of the Mental Health Statistics Improvement Program's (MSHIP) *Consumer-Oriented Mental Health Report Card* on a 5-point scale such that "1" represented strong agreement, "5" represented strong disagreement, and "3" indicated a neutral response. A copy of the survey instrument is in Appendix A.

- The **General Satisfaction** domain is comprised of Items 1-3; at least two of the items had to be completed by the consumer for the subscale to be calculated.
- The **Access** domain consists of Items 4-7; a minimum of three items had to be completed by the consumer to calculate this subscale.

- The **Appropriateness** domain (Items 9, 11-13, 15 and 16) required at least three items to be completed by the consumer for the subscale to be calculated.
- The **Outcome** domain (Items 17-23) required at least four items to be completed by the consumer for the subscale to be calculated.
- The **Functioning** domain (items 25-28) required at least three items to be completed by the consumer for the subscale to be calculated.
- The **Social Connectedness** domain (items 30-33) required at least three items to be completed by the consumer for the subscale to be calculated.

## Sample

The questionnaire was administered to adults who presented for mental health and substance use disorder outpatient and case management services during a five-workday period at each CSB. Specifically excluded from the survey were:

- Individuals receiving only emergency, jail-based, detoxification, prevention, residential, psychosocial, or inpatient services;
- Individuals presenting for their first appointment for the treatment episode.

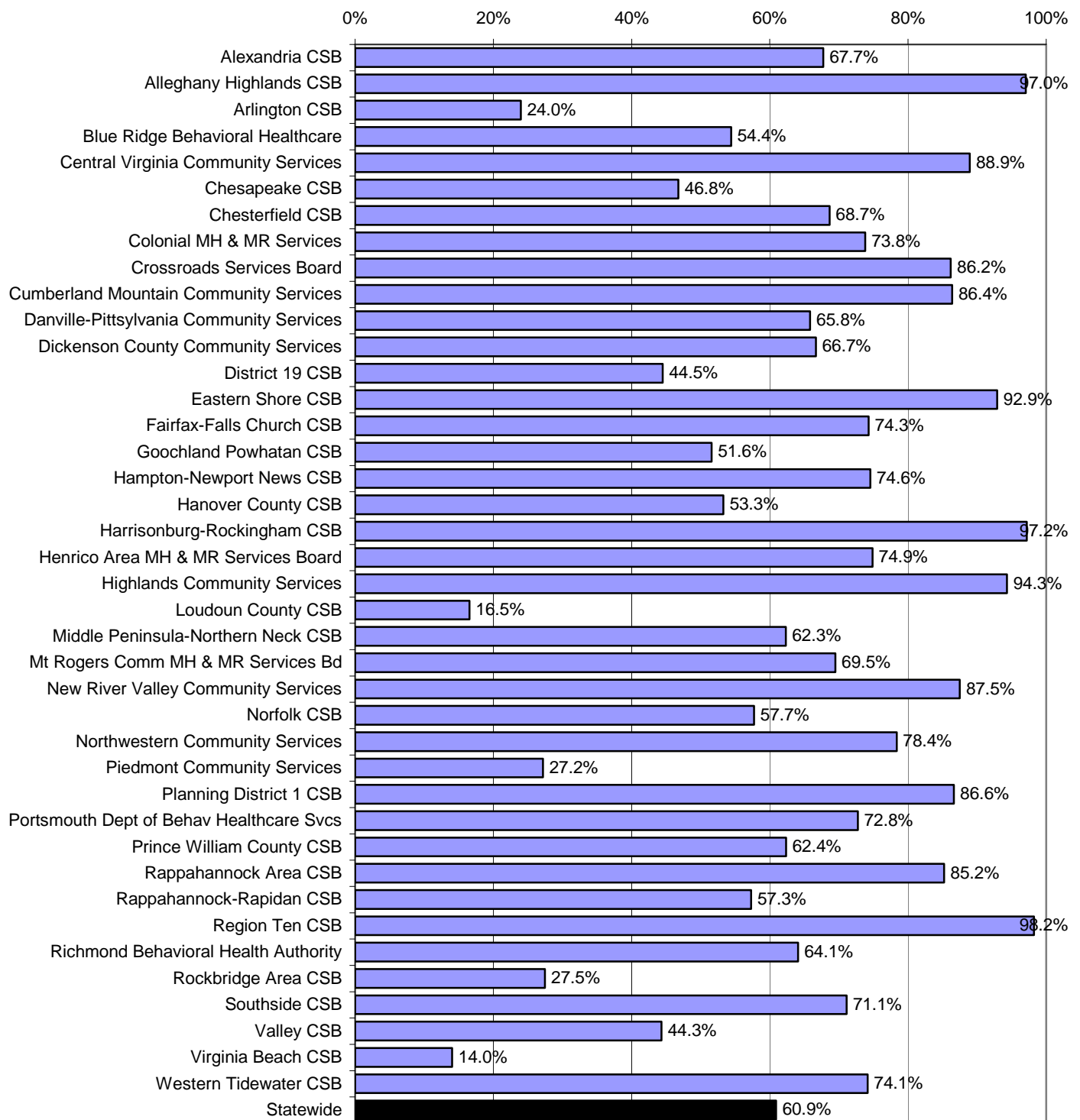
The questionnaire was administered to all eligible consumers throughout each day, including evening hours, if applicable. CSBs were asked to make available a non-program staff person (e.g., a prevention, reimbursement, or clerical staff person or volunteer) to assist in the process and ensure that all consumers targeted for the survey received a copy of the questionnaire, and to provide assistance to consumers. Consumers were given the choice of completing the questionnaire on their own, or having someone administer the questionnaire to them. Consumers were instructed to leave the completed survey in a box designated for the collection of surveys. This assured the anonymity of the respondents.

## Analyses

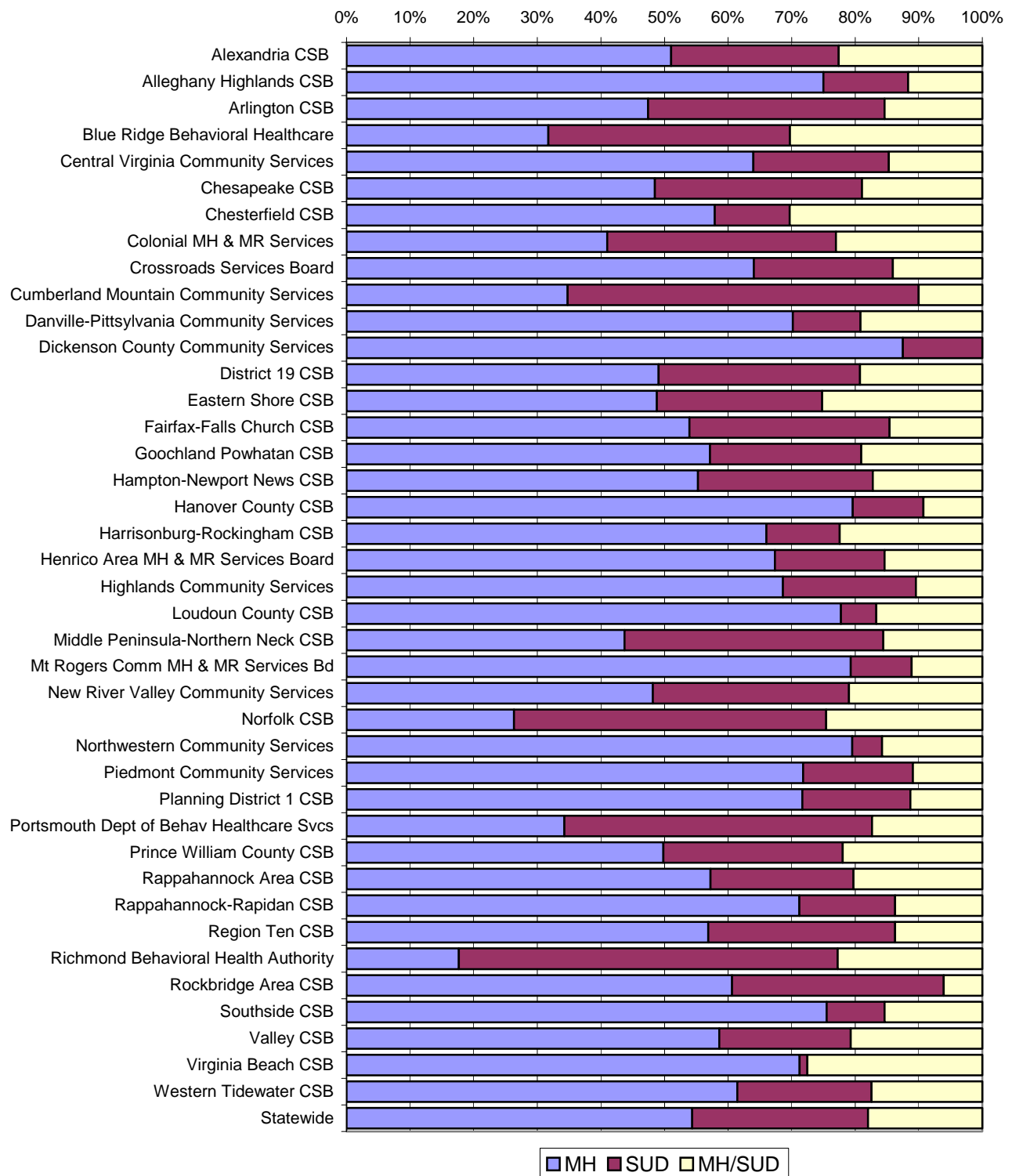
### *Response Rates and Valid Cases*

- All forty CSBs participated in the survey. CSBs were required to provide the total number of scheduled and kept appointments over the 5-day survey period for consumers meeting the inclusion criteria, to calculate response rates.
- While response rates varied considerably among CSBs, from a low of 14.0% to a high of 98.2%, about 61% of eligible consumers completed the surveys across all CSBs. Eight CSBs reported response rates under 50%, while twelve CSBs reported response rates of 75% or higher.
- The higher the response rate, the more likely that the sample obtained by the CSB in question is representative of consumers served by the CSB. Response rate data by CSB overall and by disability area are presented in Figures 1 and 2.
- The statewide response rate was slightly lower than last year, but the number of completed surveys was almost 9% higher.
- Surveys were counted as “completed” if at least one of the five domain subscales could be calculated. In order for each subscale to be calculated, a minimum number of items had to have been completed by the consumer.

**Figure 1: Overall Response Rate by CSB**



**Figure 2: Response by Identified Service Area per CSB**



## STATEWIDE SURVEY RESPONSES

Because this survey instrument was designed to gather satisfaction data primarily for the improvement of the quality of mental health programs and services, demographic and treatment characteristics are tabulated by service area as well as overall totals and are shown together in this section for ease of comparison. See individual service area chapters for further detail on levels of satisfaction with services.

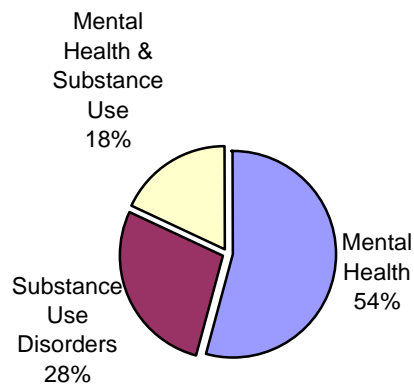
### Demographics and Treatment Characteristics of Statewide Sample

A total of 8,718 consumers returned surveys with at least one valid response, of which 8,713 were complete on one or more domains.

#### Representativeness of Sample

A comparison of demographic characteristics of the survey sample with persons served by CSBs in FY 2008 revealed that the statewide survey sample is representative of consumers who were served by CSBs. The percentage of each demographic variable for the survey sample is within 2% of the percentages of consumers served by the CSBs as reported in FY 2008.

**Figure 3: Self-Identified Reason for Services**



**Figure 4: Sample by Gender**

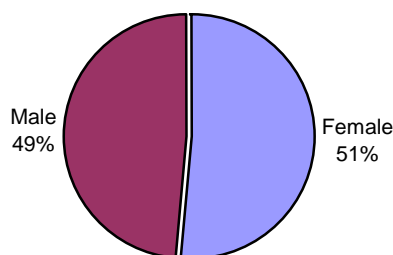


Figure 5: Service Area by Gender

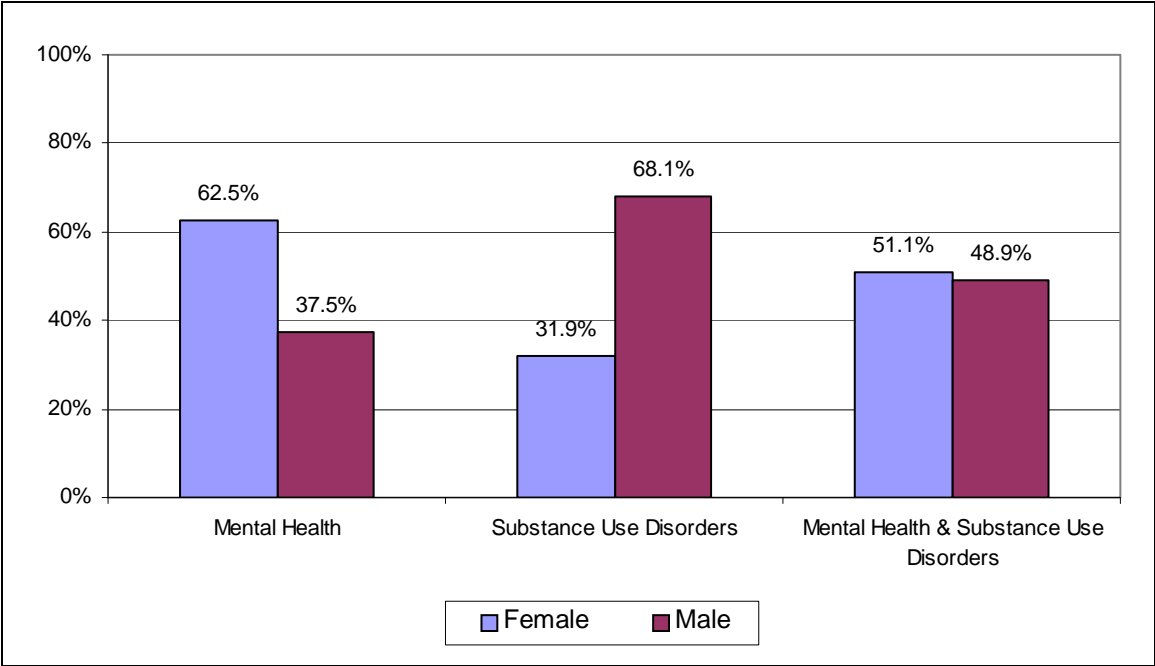


Figure 6: Gender by Service Area

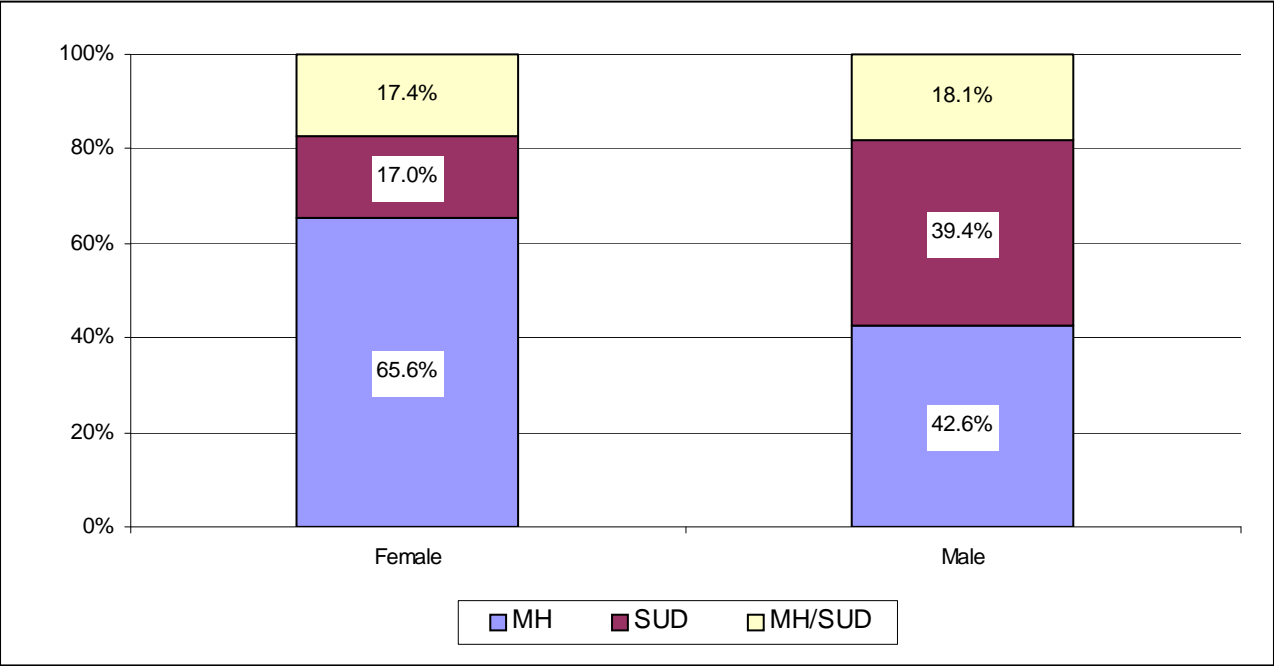


Figure 7: Sample by Race

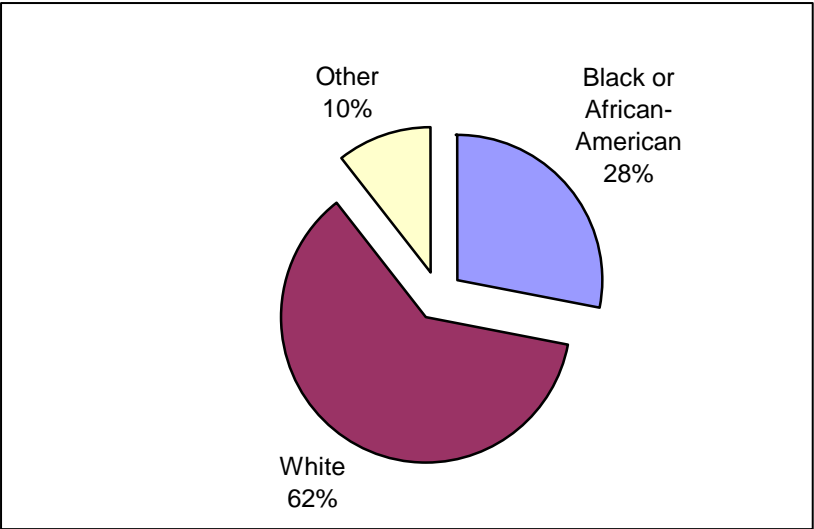


Figure 8: Service Area by Race

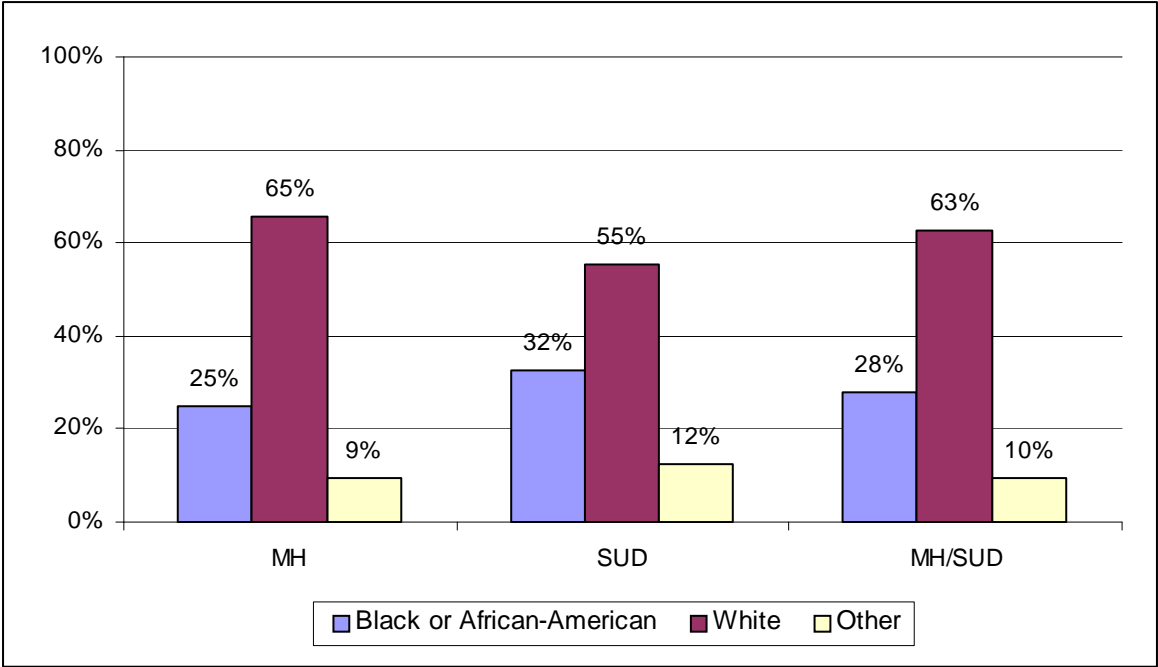


Figure 9: Sample by Ethnicity

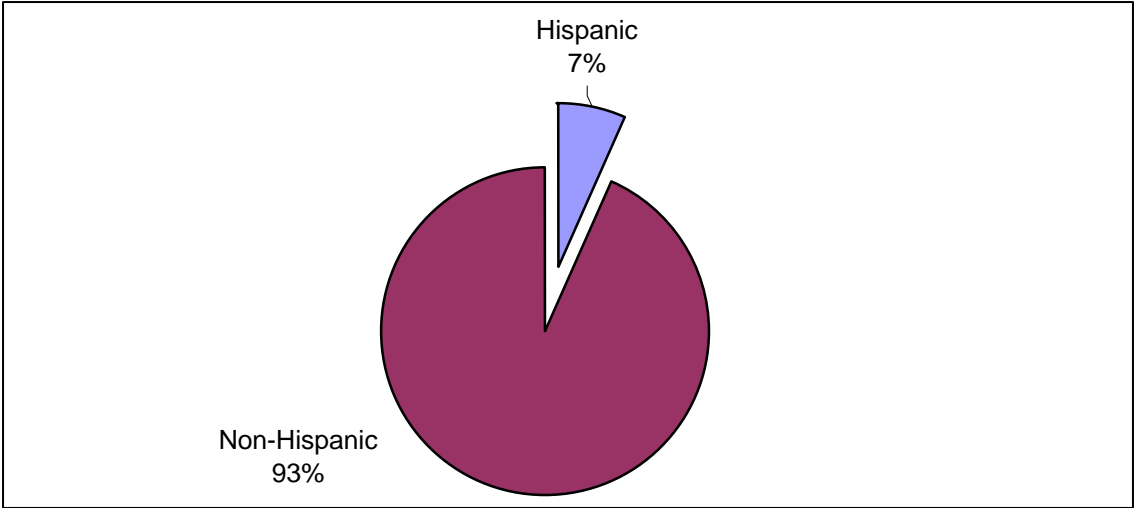


Figure 10: Service Area by Ethnicity

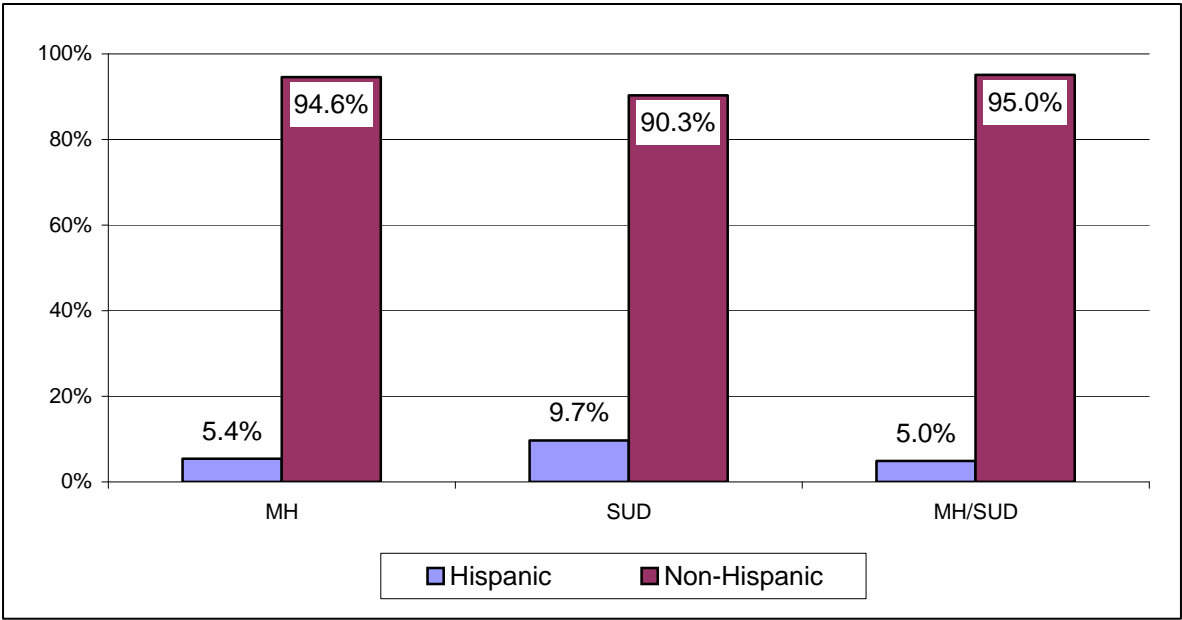




Figure 11: Sample by Age

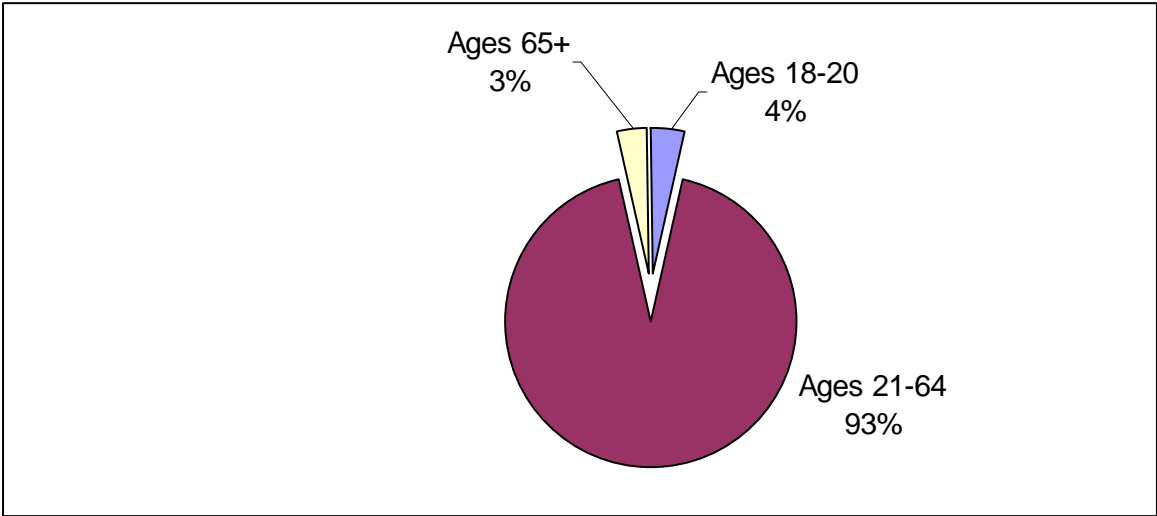
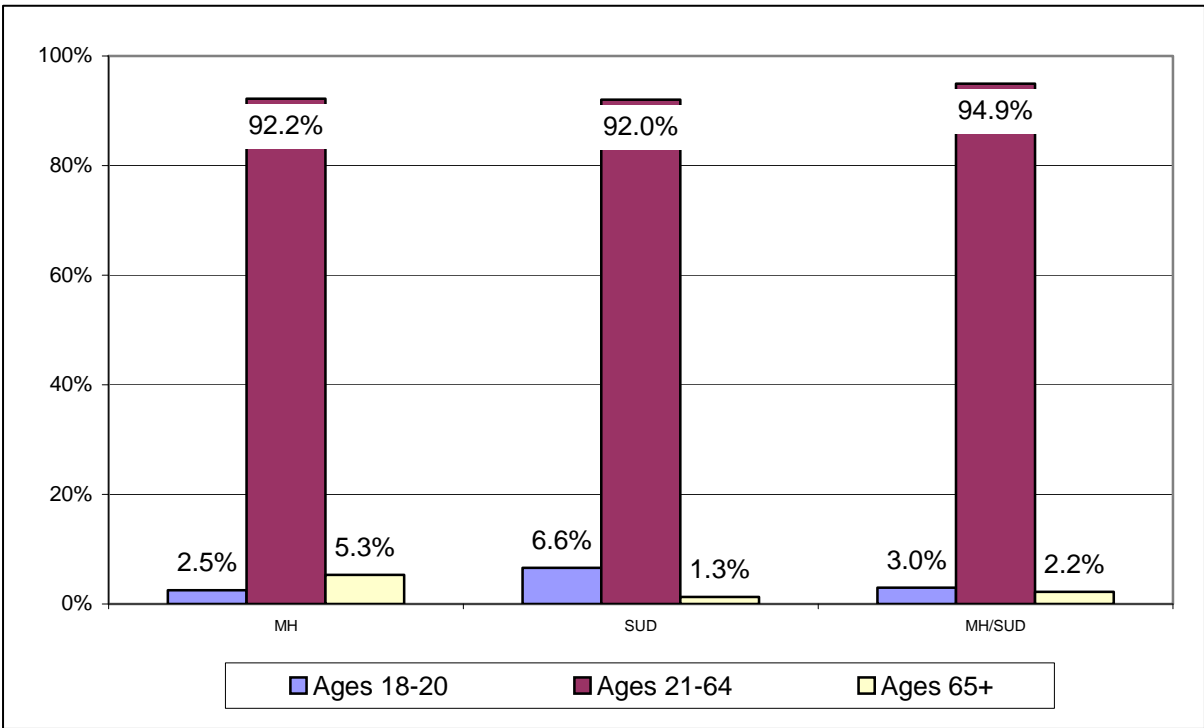
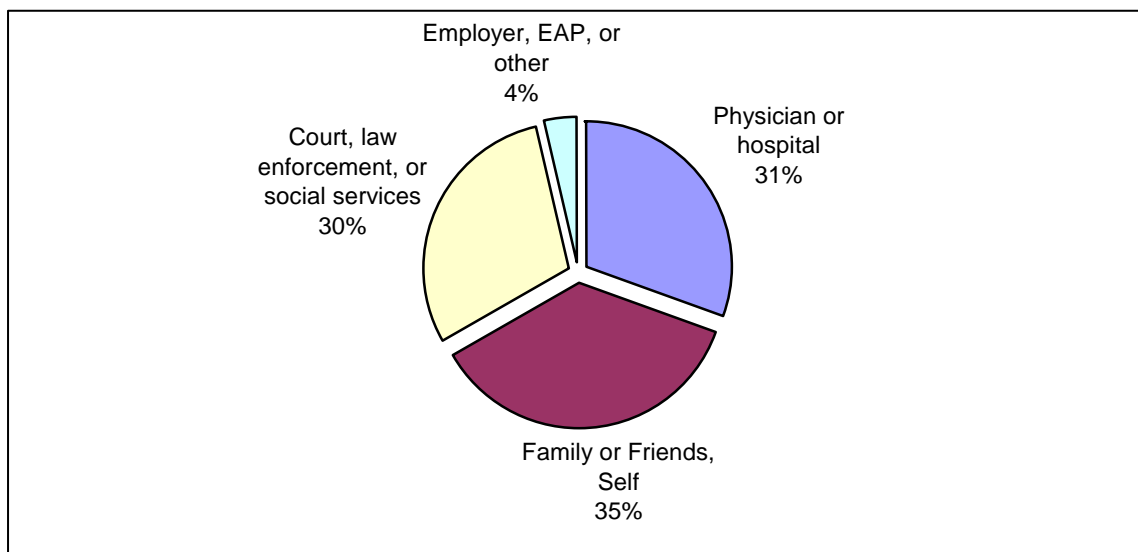


Figure 12: Service Area by Age



**Figure 13: Referral Source**



**Consumer comment:**  
**“The organization needs to be more recovery oriented.”**

**Figure 14: Service Area by Referral Source**

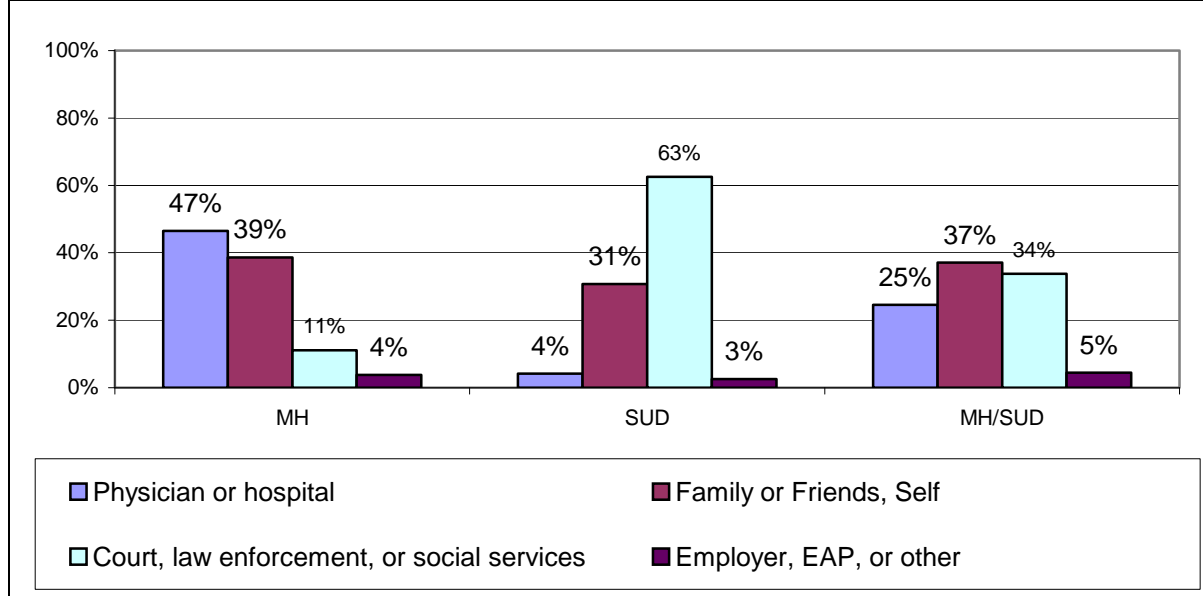


Figure 15: Duration of Treatment

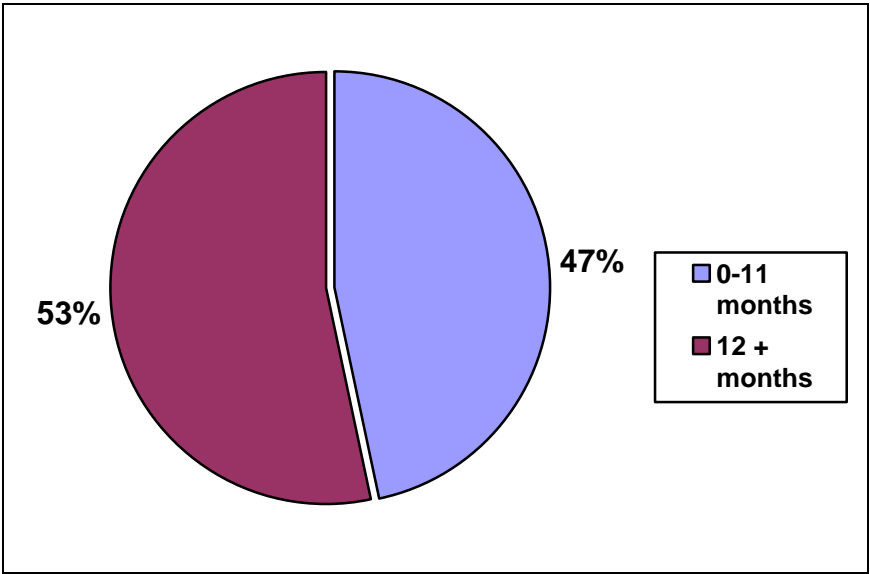
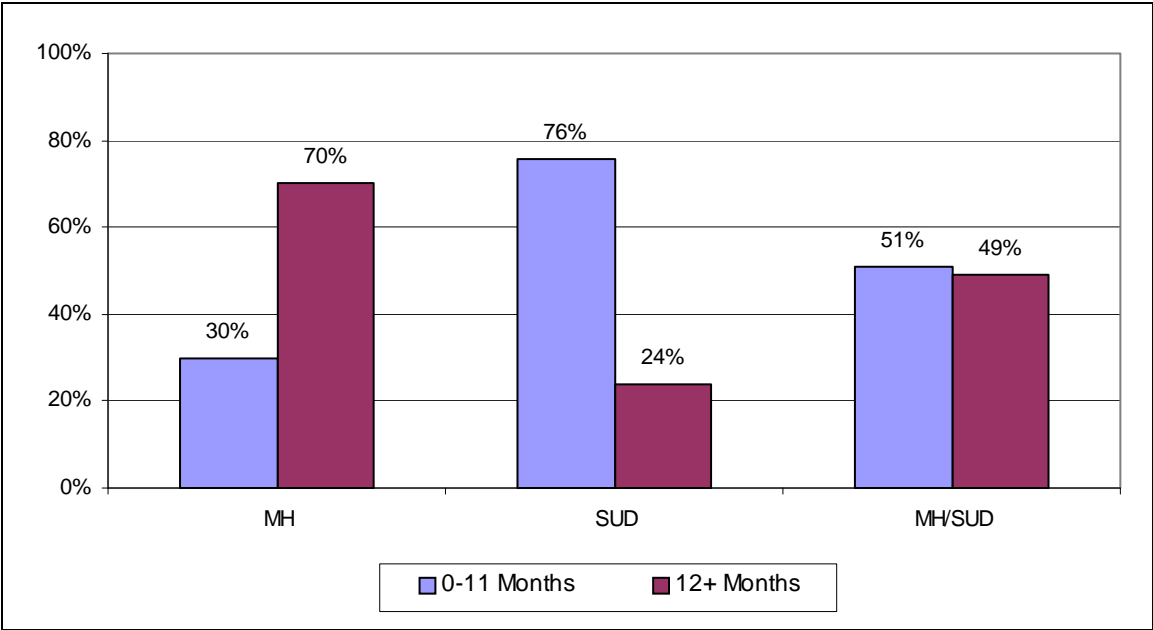
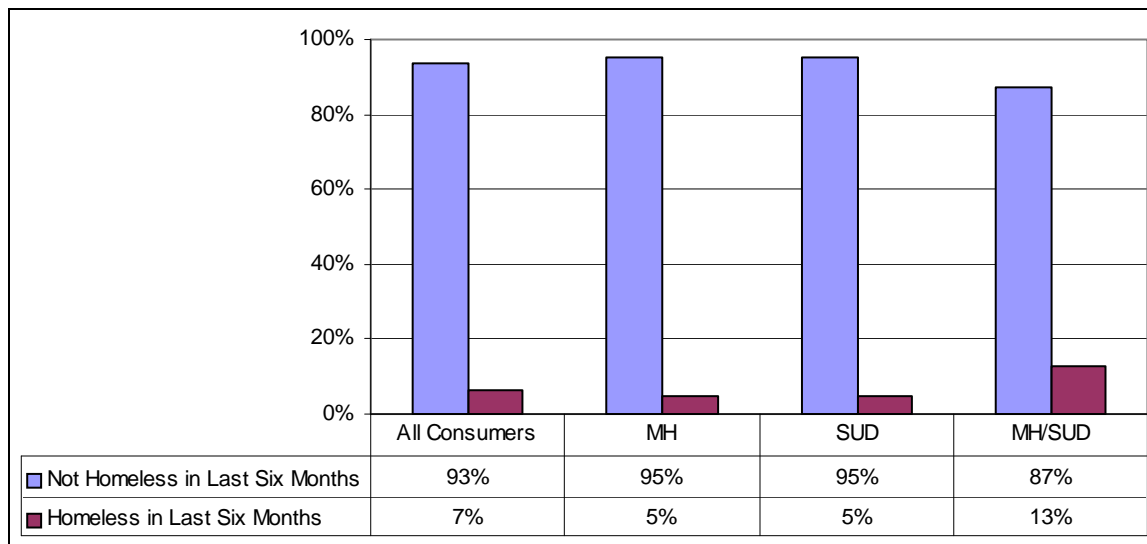


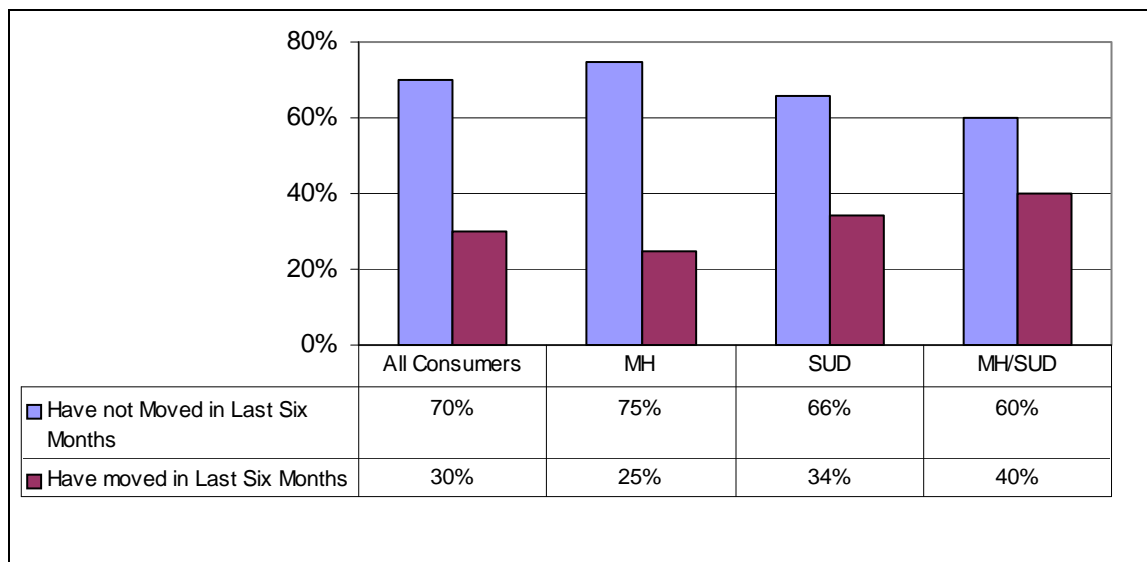
Figure 16: Service Area by Duration of Treatment



**Figure 17: Service Area by Housing Status – Homelessness**

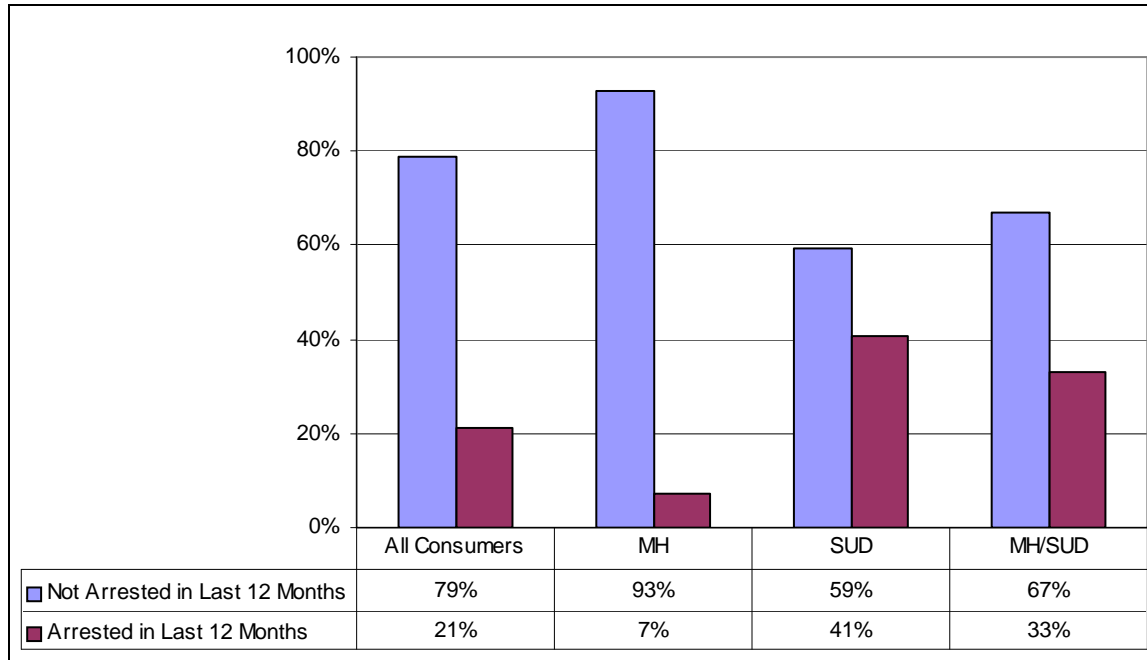


**Figure 18: Service Area by Housing Stability**

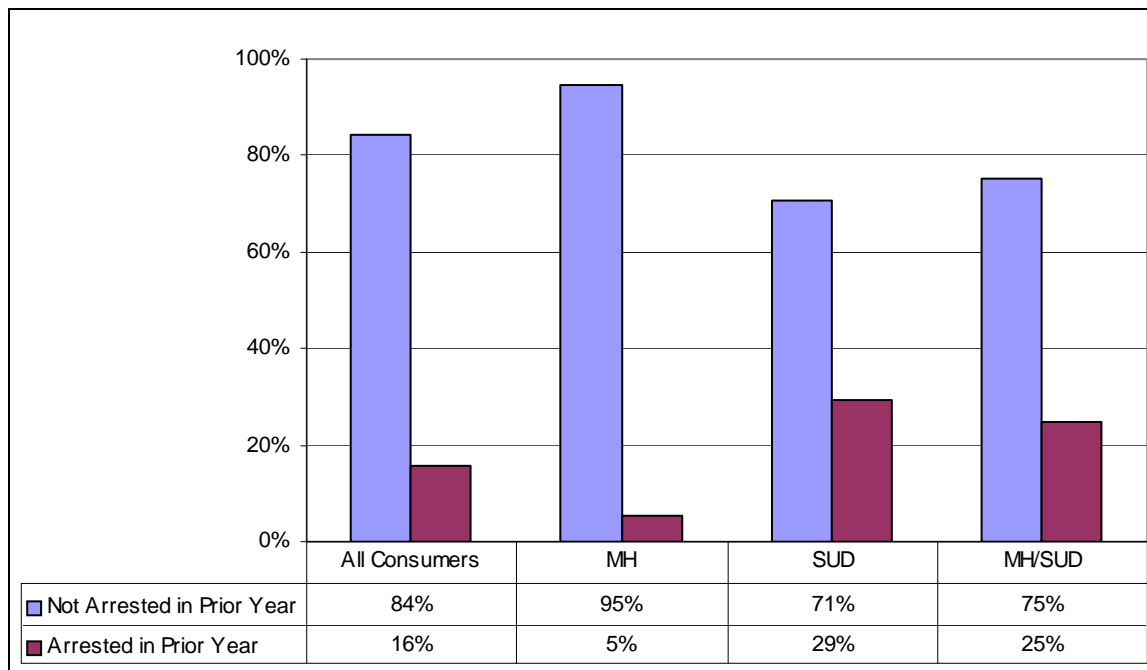


**Consumer comment: “They have good services. It helps you learn how to deal with your illness.”**

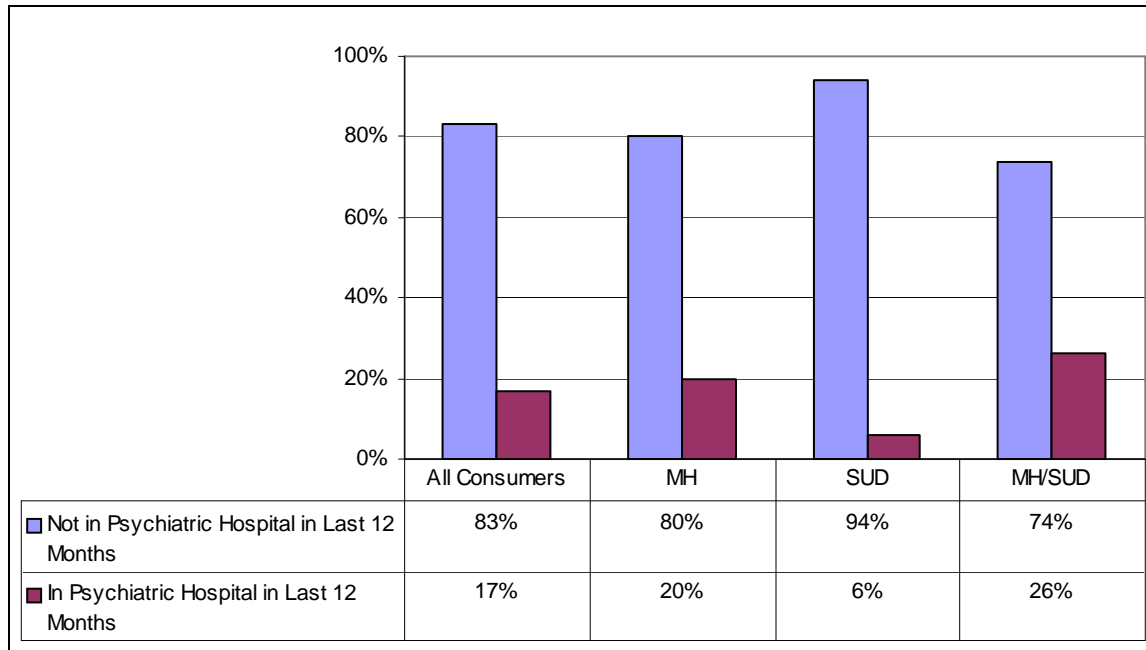
**Figure 19: Service Area by Criminal Justice System Involvement in the Past 12 Months**



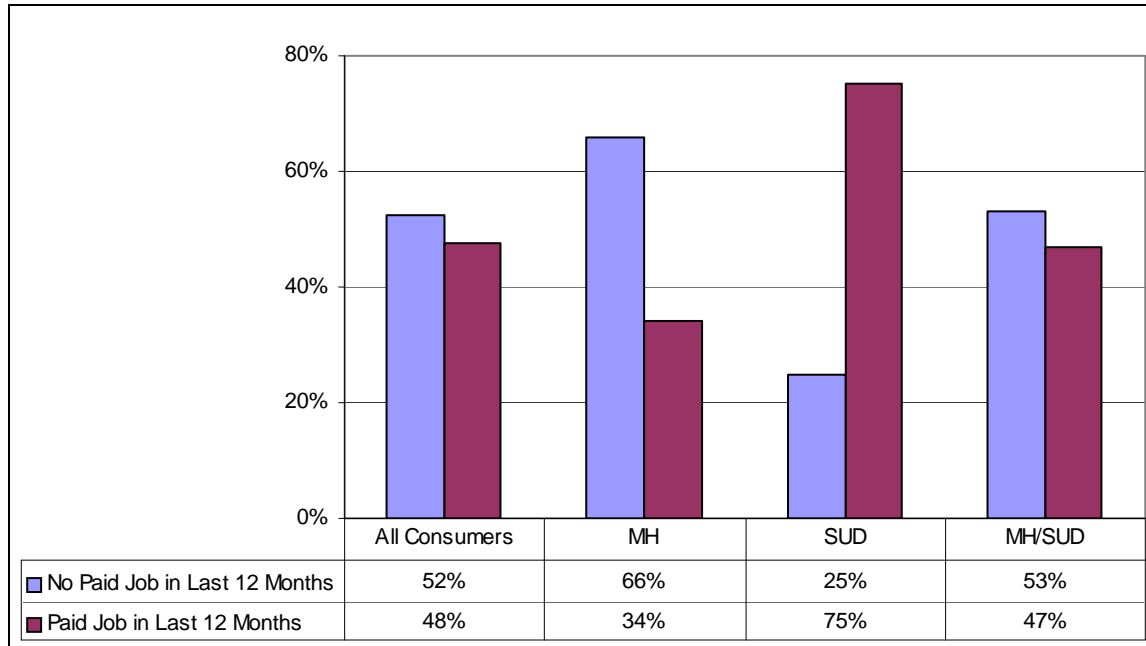
**Figure 20: Service Area by Criminal Justice System Involvement in the Previous Year**



**Figure 21: Service Area by Psychiatric Hospitalization**



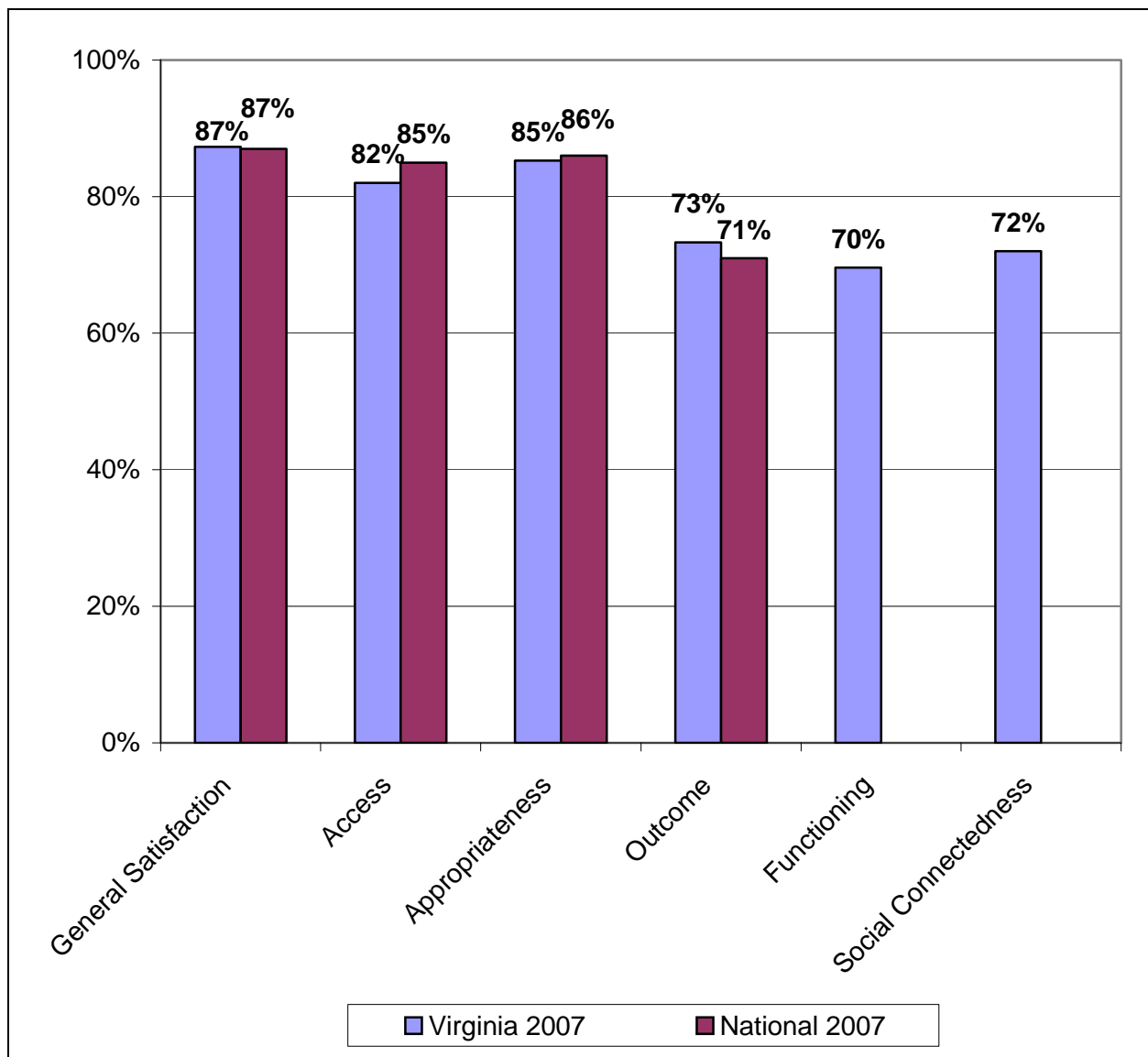
**Figure 22: Service Area by Employment**



## Satisfaction with Services On All Domains

When compared to the latest national survey results available (National Association of State Mental Health Program Directors/ NASMHPD Research Institute, 2007), Virginia consumers report similar levels of satisfaction on all domains. Note that the national functioning and social connectedness domain data were not available for 2007.

**Figure 27: Comparison of Virginia & National Survey Results by Domain**





### ***General Satisfaction Domain***

- Over 89% percent agreed with the statement “I like the services that I receive”.
- About 82% percent agreed with the statement “If I had other choices, I would still get services from this agency”.
- About 88% reported that they would recommend this agency to a friend or family member.

### ***Access Domain***

- About 82% agreed that the location of services is convenient.
- About 86% percent agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- Almost 80% agreed with the statement “Staff returns my calls within 24 hours.”
- Eighty-five percent agreed that services were available at times that were good for them.

### ***Appropriateness Domain***

- About 88% agreed with the statement “Staff here believe that I can grow, change, and recover.”
- Almost 82% reported that they feel free to complain.
- Seventy-seven percent reported agreement that staff tells them what medication side effects to watch for.
- Almost 89% agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment.”
- Eighty percent reported that staff is sensitive to their cultural background.
- About 85% reported that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

### ***Outcome Domain***

- Almost 79% agreed with the statement “I deal more effectively with daily problems”.
- About 78% agreed with the statement “I am better able to control my life”.
- About 73% reported that they were better able to deal with a crisis.
- About 74% reported that they got along better with their family.
- Almost 69% reported that they did better in social settings.
- About 67% reported that they did better at work or school.
- Almost 67% agreed with the statement “My symptoms are not bothering me as much”.

### ***Functioning Domain***

- About 74% reported that “I do things that are more meaningful to me.”
- Almost 76% reported that “I am better able to take care of my needs.”
- About 71% reported that “I am better able to handle things when they go wrong.”
- Almost 71% reported that “I am better able to do things that I want to do.”

### *Social Connectedness Domain*

- Seventy-nine percent reported that “In a crisis, I would have the support I need from family or friends.”
- About 79% percent reported that “I have people with whom I can do enjoyable things. “
- About 74% reported that “I am happy with the friendships I have.”
- About 67% reported that “I feel I belong in my community.”

### *Other Survey Items (not included in a domain)*

- Eighty-four percent agreed with the statement “I am able to get all the services I think I need.”
- Eighty-nine percent reported that they felt comfortable asking questions about their treatment and medication.
- About 74% agreed with the statement “I, not staff, decide my treatment goals.”
- About 69% agreed with the statement “I am satisfied with my living arrangements.”
- Almost 59% agreed with the statement “I was encouraged to use consumer run programs.”

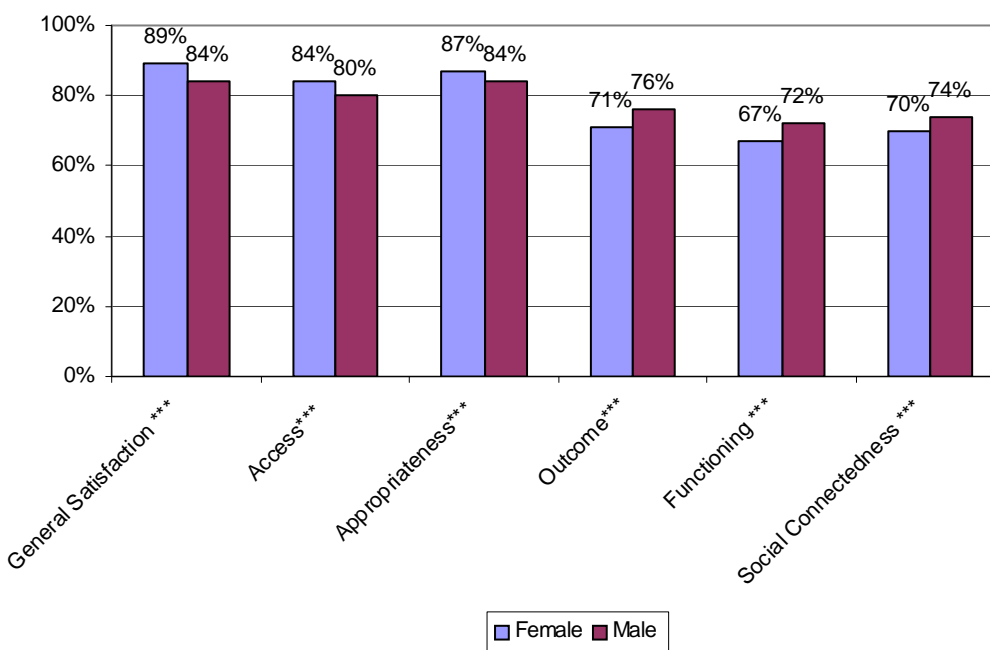
### **Consumer comments:**

- **“It takes to long to get an appointment!! When I came in after 2 months of waiting they did not even have my appointment time documented correctly.”**
- **“My doctor never seems to have my prescriptions correct; as far as the dates needing refills. My pharmacist agrees.”**

## Differences Between Groups

### *Did Satisfaction Differ by Gender?*

Figure 28: Consumer Satisfaction by Gender



**Consumer comment: There has been many services that I can attribute to getting me on my journey of recovery.”**

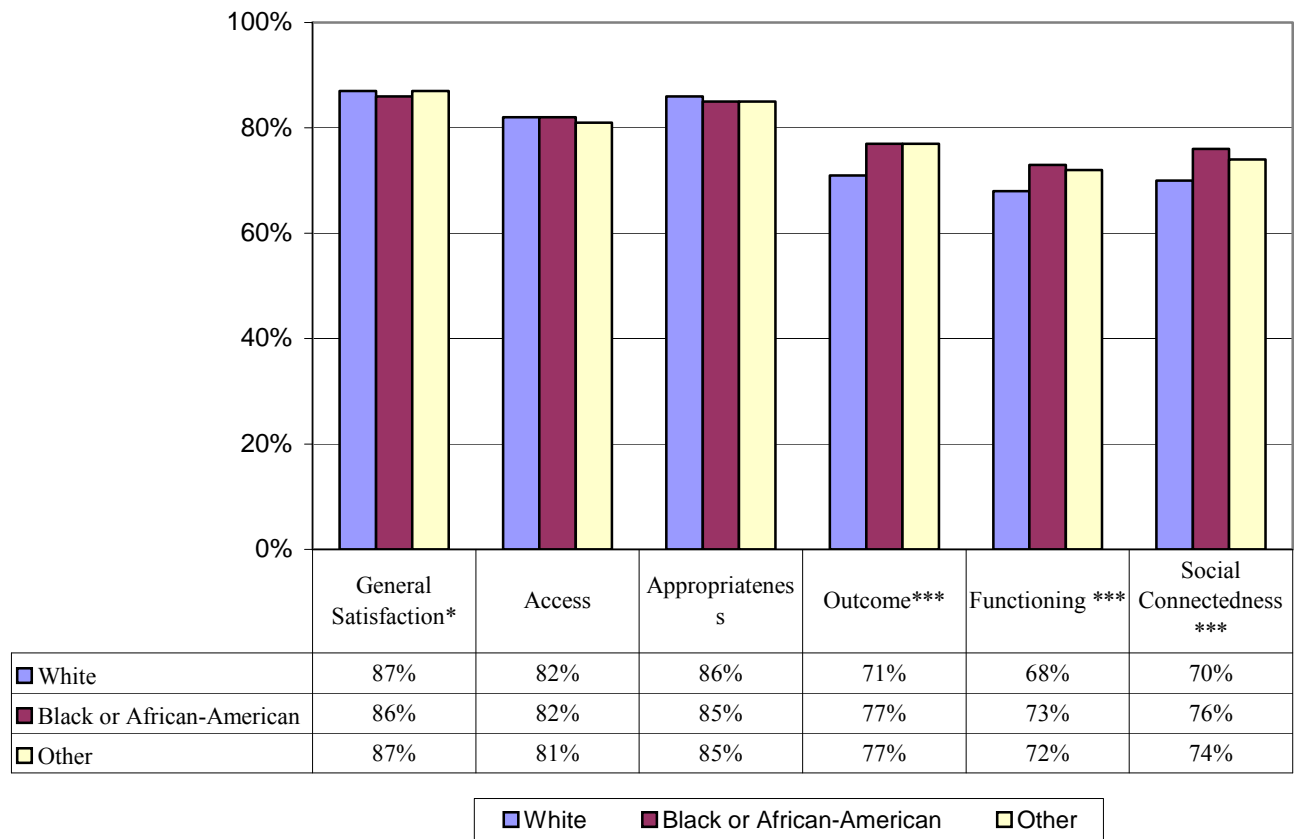
\*Differences between groups were significant at the  $p \leq .05$  level

\*\*Differences between groups were significant at the  $p \leq .01$  level

\*\*\*Differences between groups were significant at the  $p \leq .001$  level

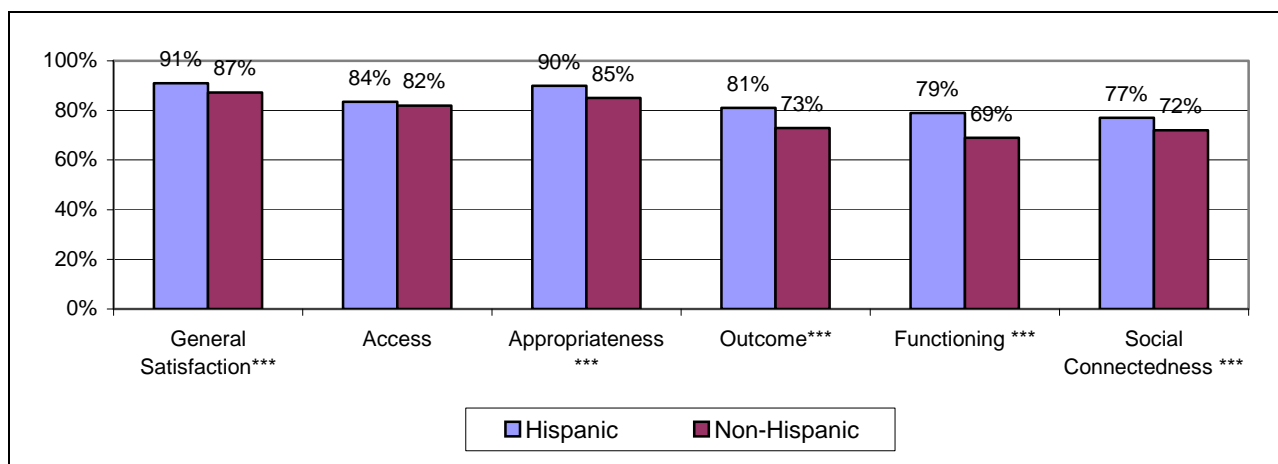
### Did Satisfaction Differ by Race?

Figure 29: Consumer Satisfaction by Race



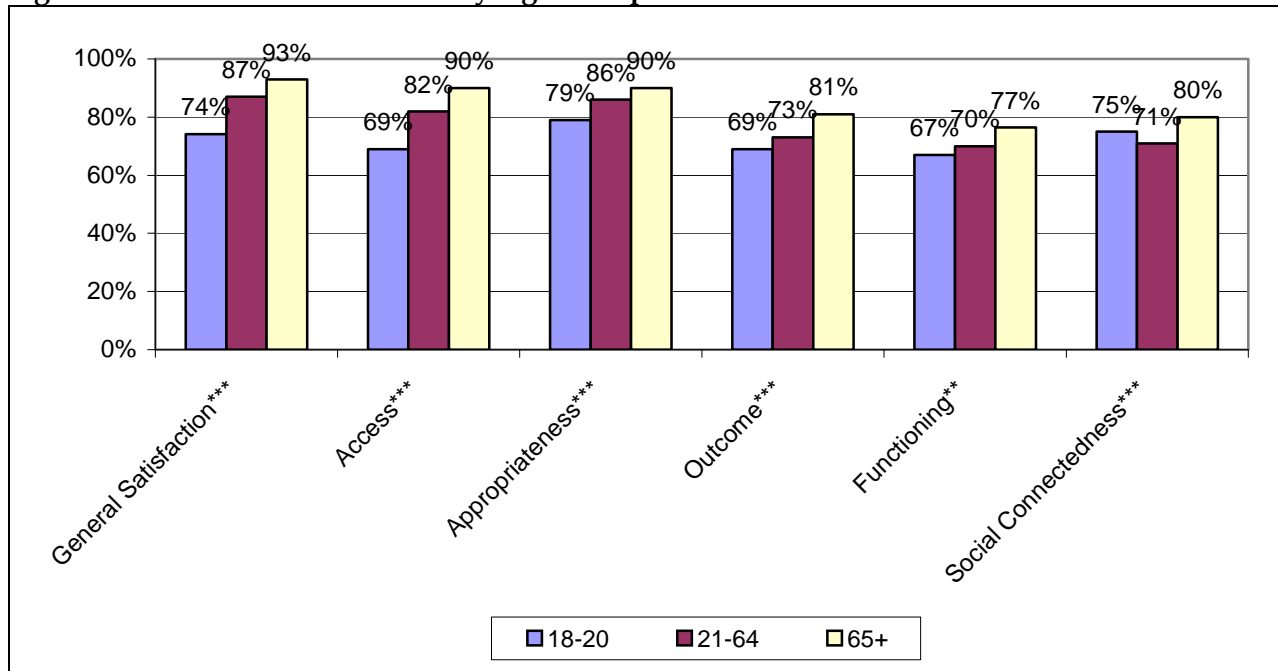
### Did Satisfaction Differ by Ethnicity?

Figure 30: Consumer Satisfaction by Ethnicity



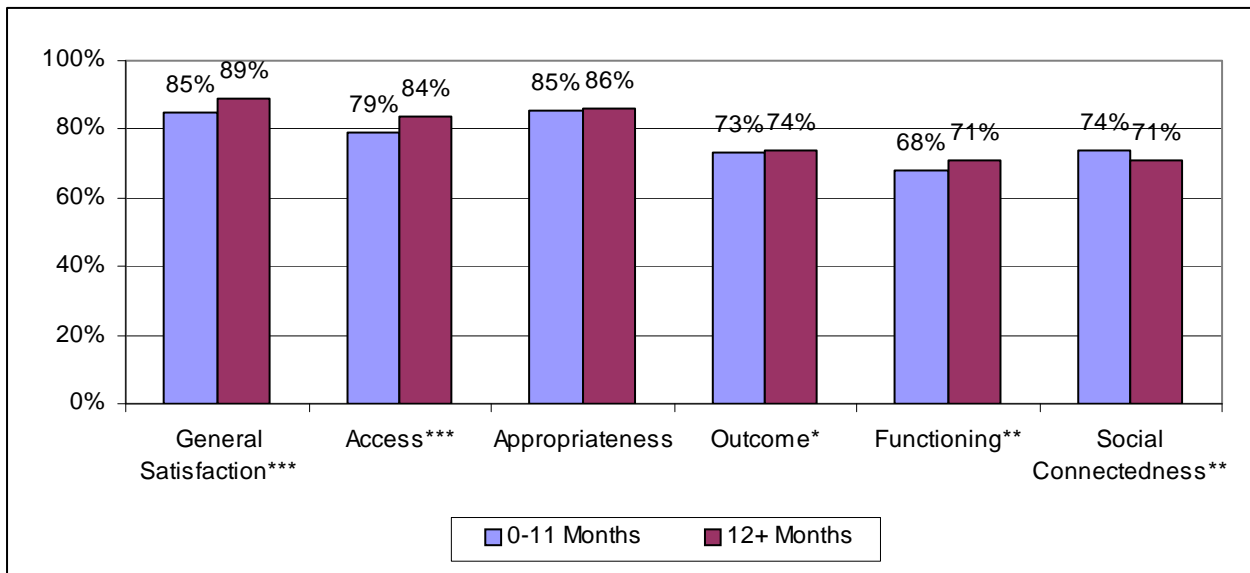
## Did Satisfaction Differ by the Age Group of the Consumer?

**Figure 31: Consumer Satisfaction by Age Group**



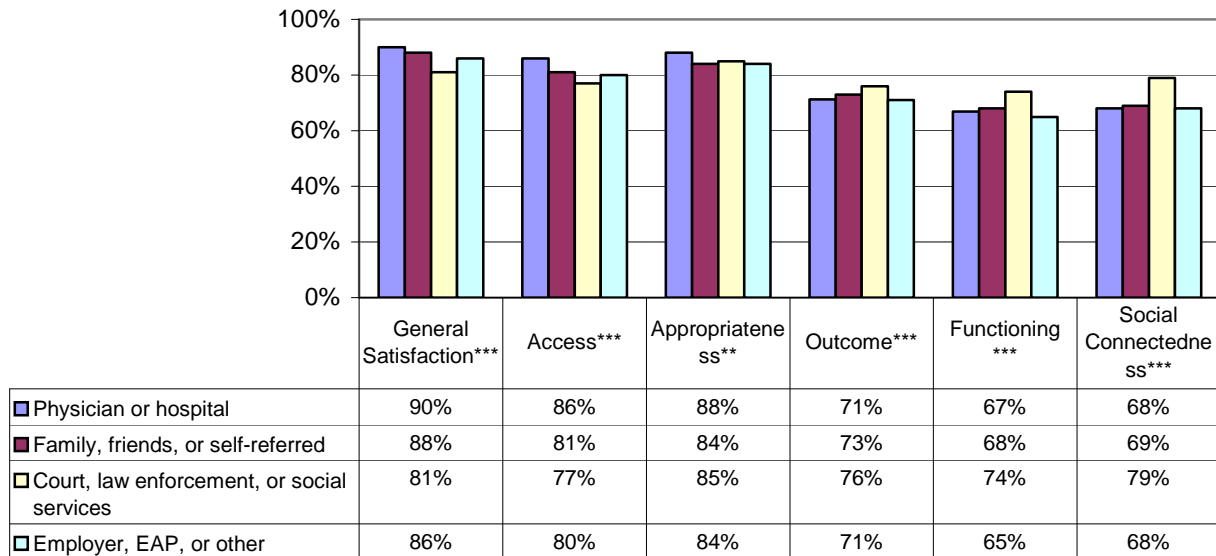
## Did Satisfaction Differ by Length of Treatment?

**Figure 32: Consumer Satisfaction by Length of Treatment**



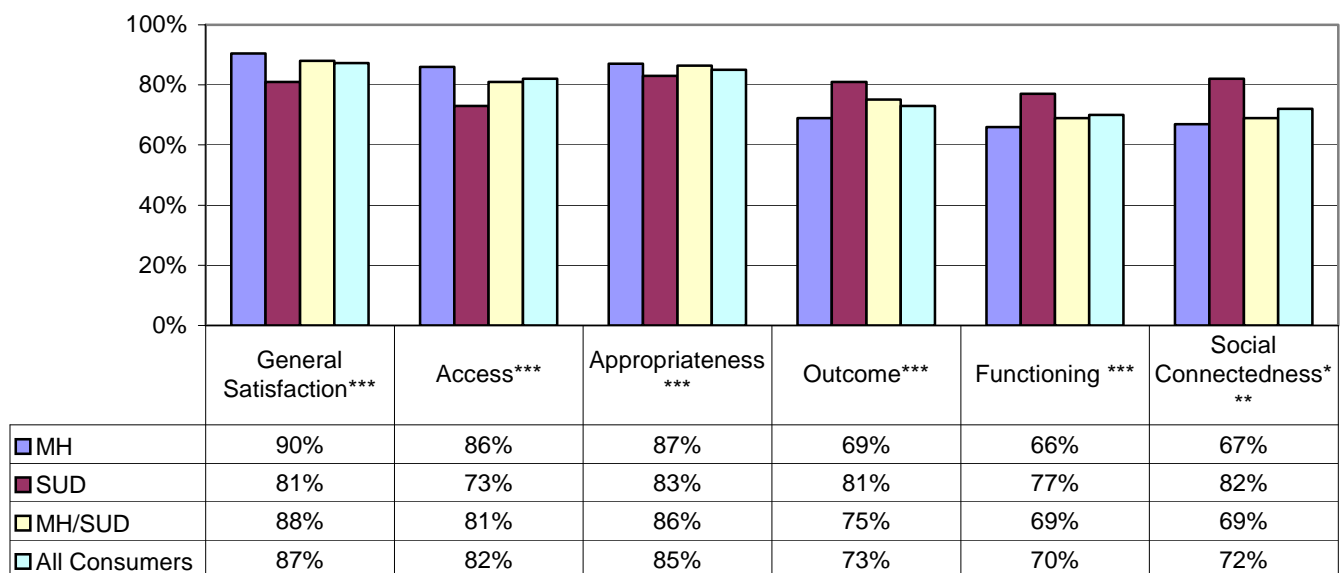
### Did Satisfaction Differ by Referral Source?

Figure 33: Consumer Satisfaction by Referral Source



### Did Satisfaction Differ by Service Area?

Figure 34: Consumer Satisfaction by Service Area



## Did Satisfaction Differ by Housing Situation?

Figure 35: Consumer Satisfaction by Homelessness

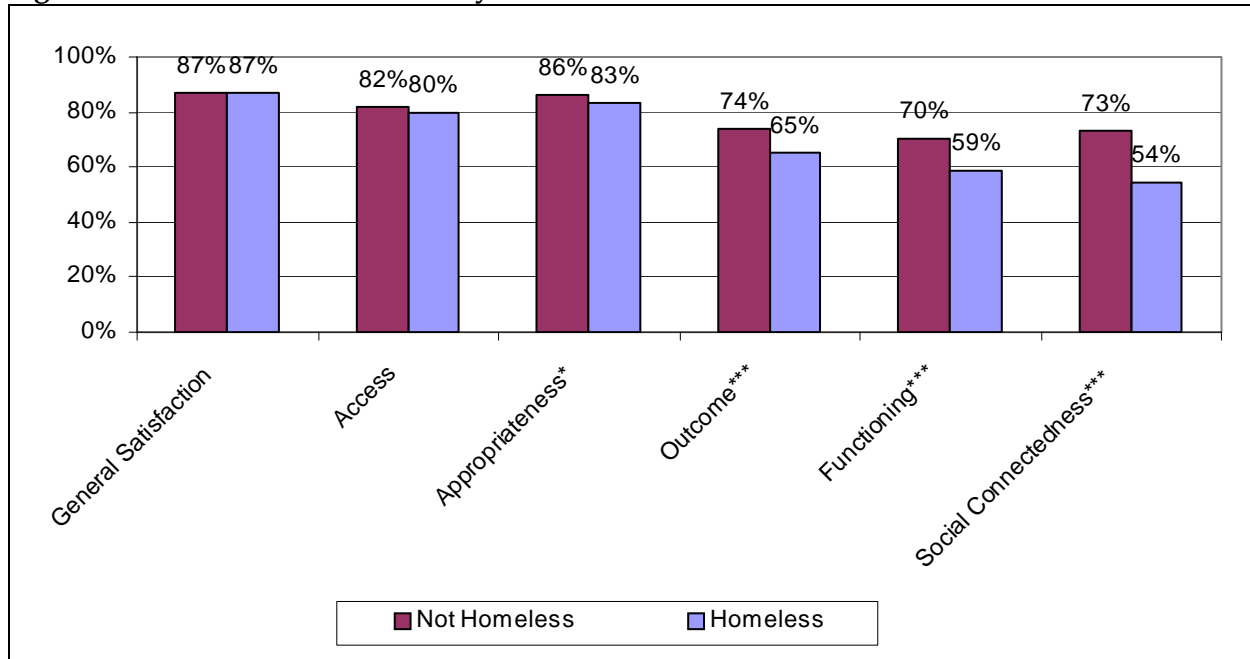
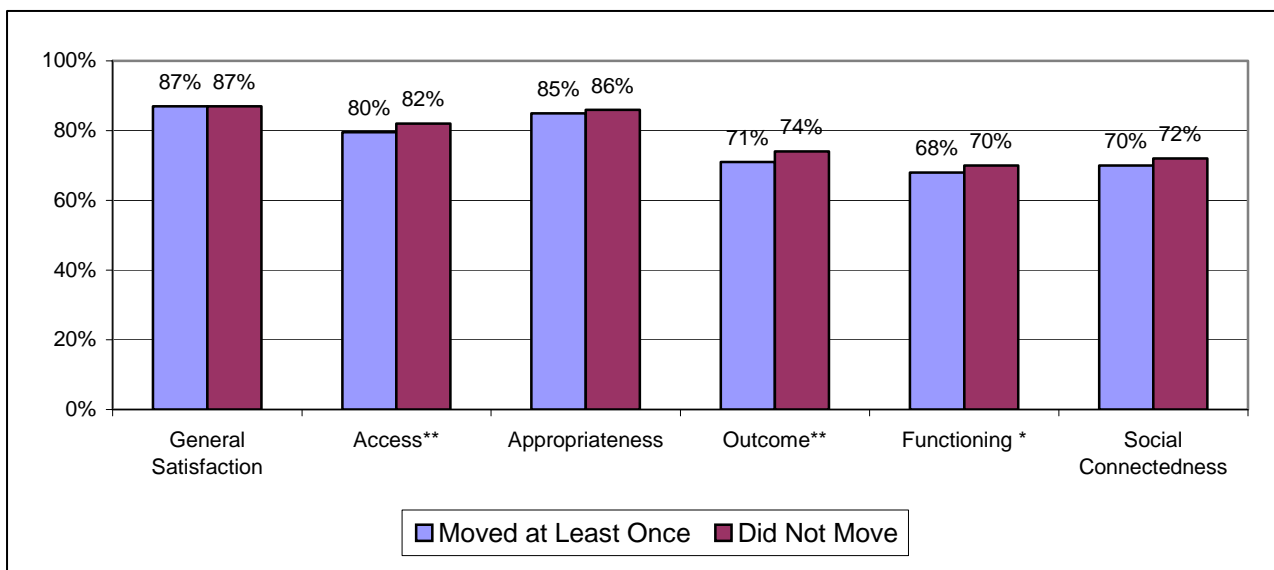
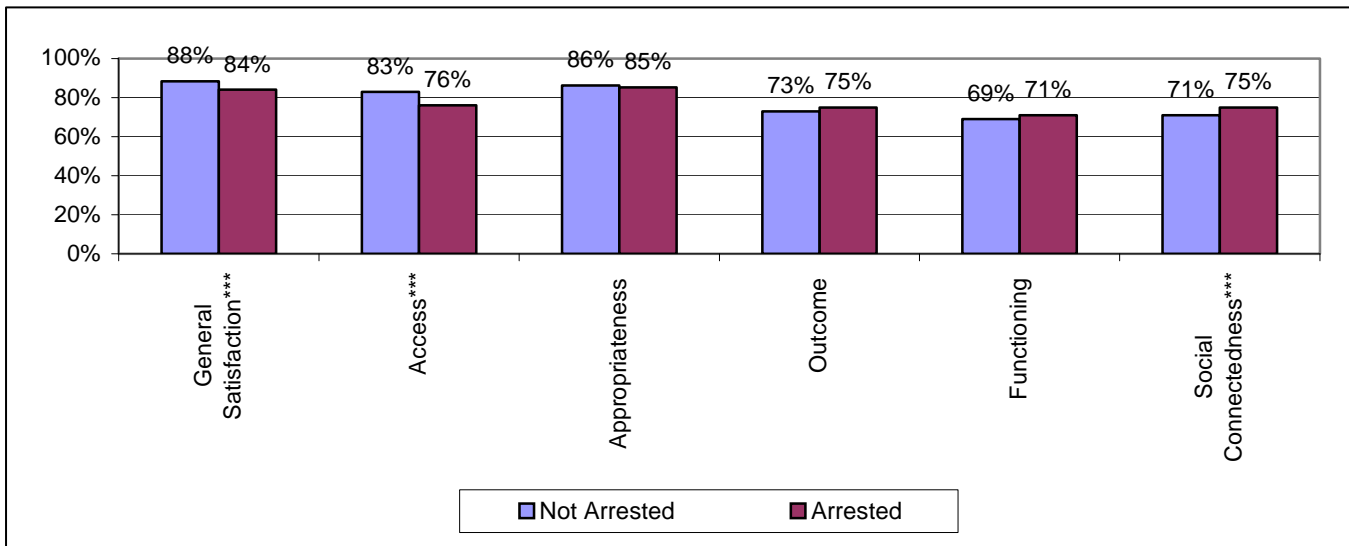


Figure 36: Consumer Satisfaction by Frequency of Moves

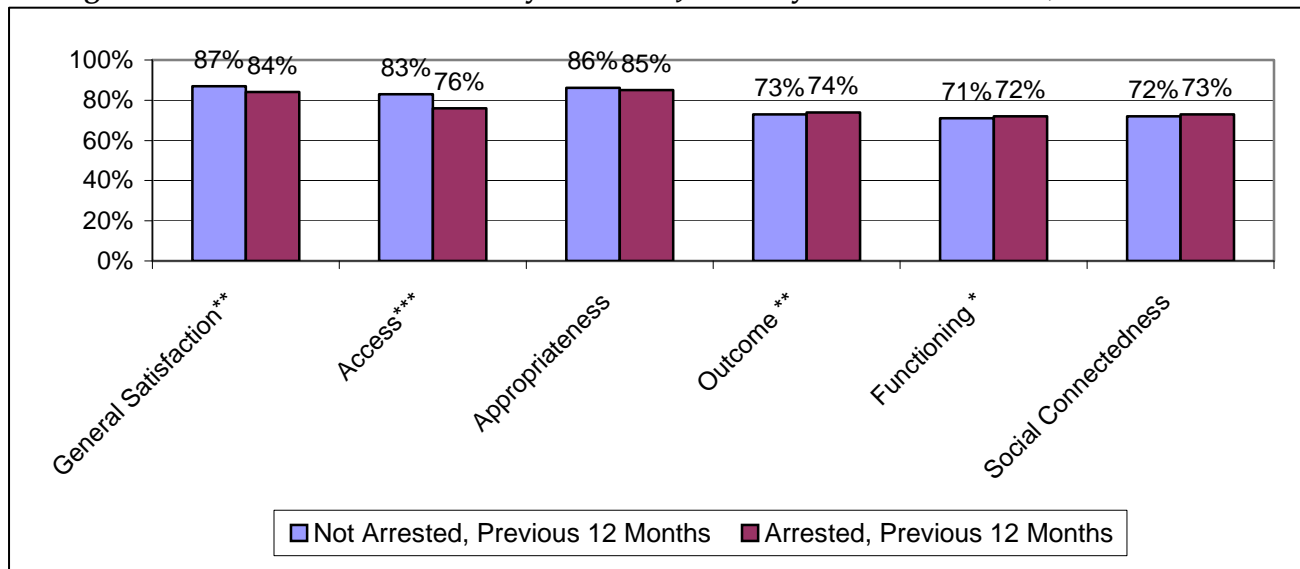


## Did Satisfaction Differ by Involvement with the Criminal Justice System?

**Figure 37: Consumer Satisfaction by Criminal Justice System Involvement, Current Year**



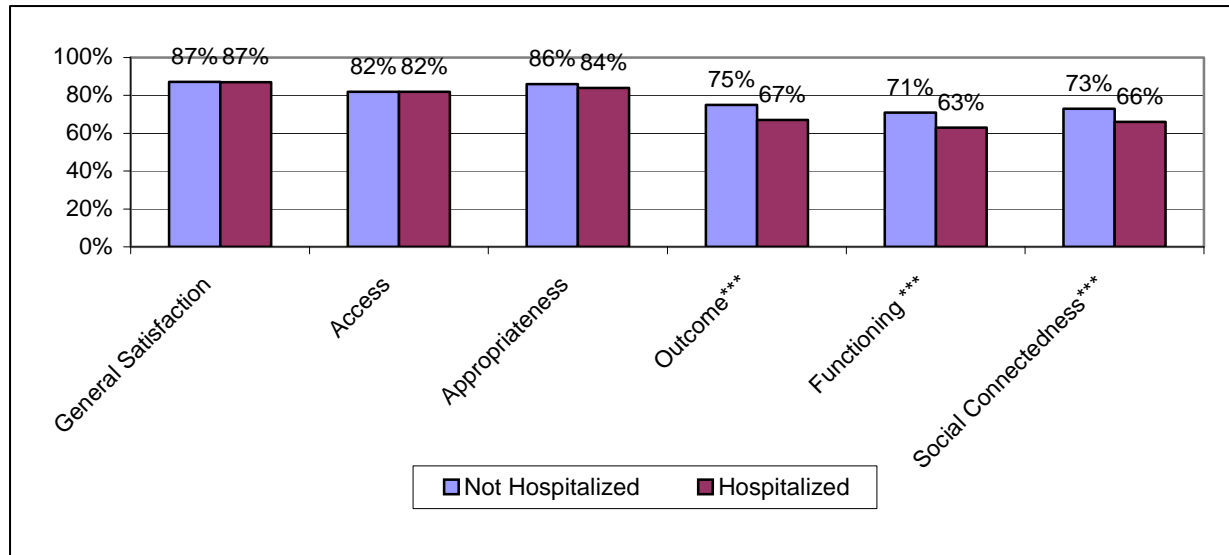
**Figure 38: Consumer Satisfaction by Criminal Justice System Involvement, Previous Year**





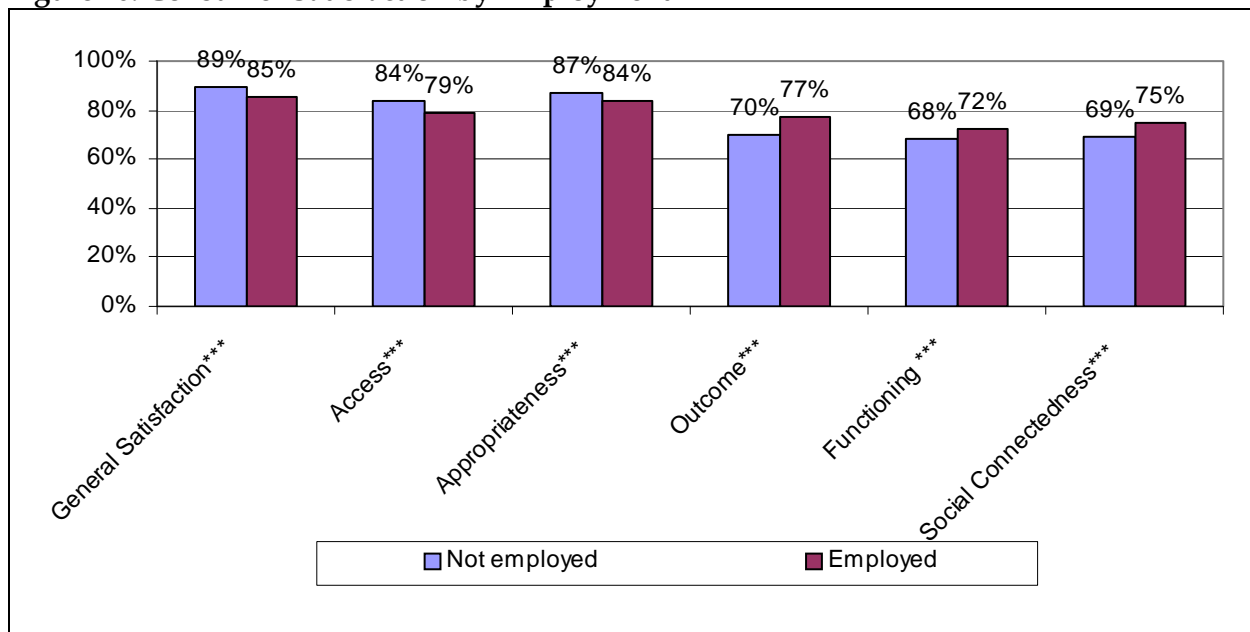
### *Did Satisfaction Differ by Psychiatric Hospitalization?*

**Figure 39: Consumer Satisfaction by Psychiatric Hospitalization**



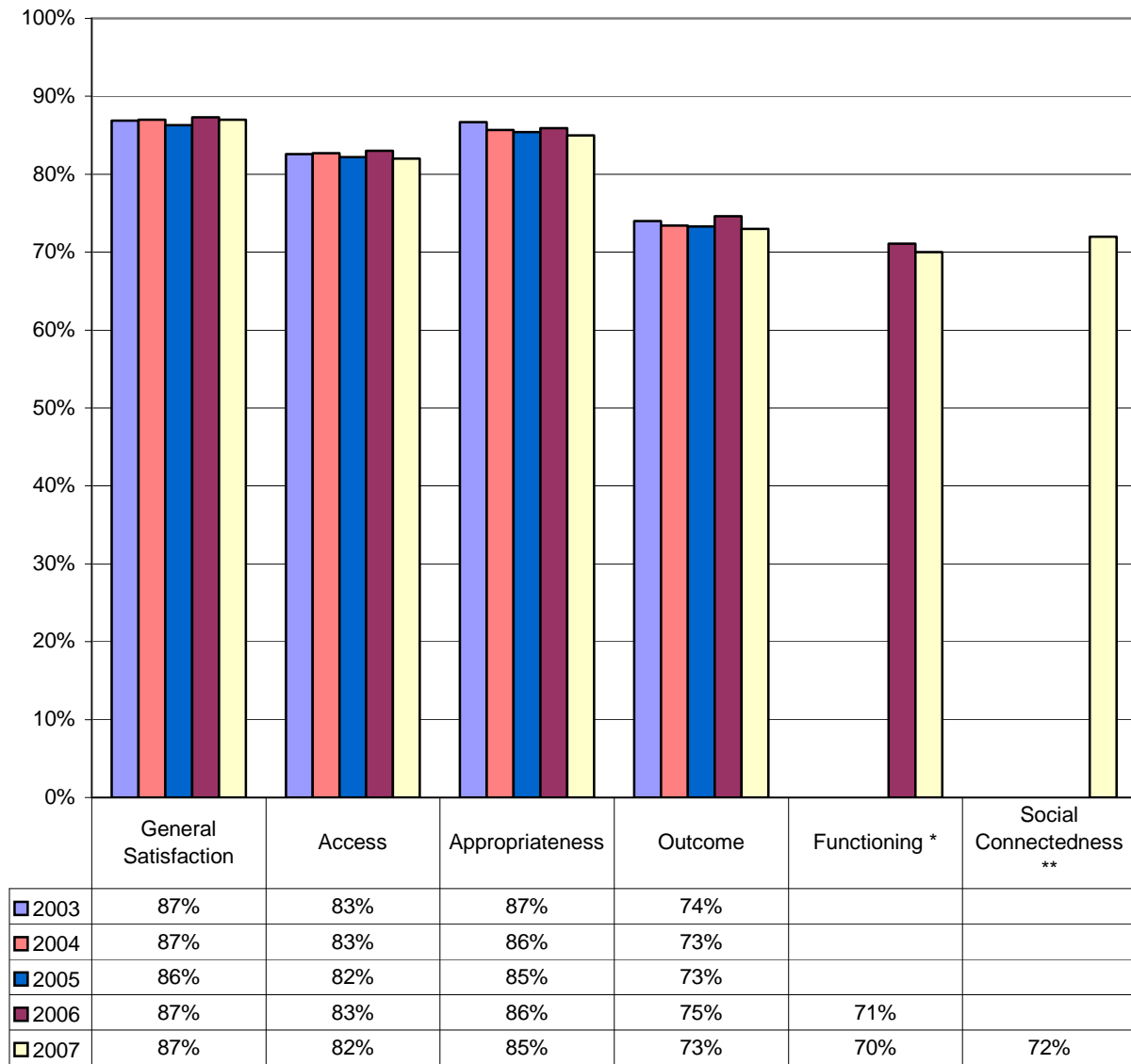
### *Did Satisfaction Differ by Employment?*

**Figure 40: Consumer Satisfaction by Employment**



## Trends Over Time

Figure 45: Trends Over Time Across Domains



\* Functioning was added in 2006

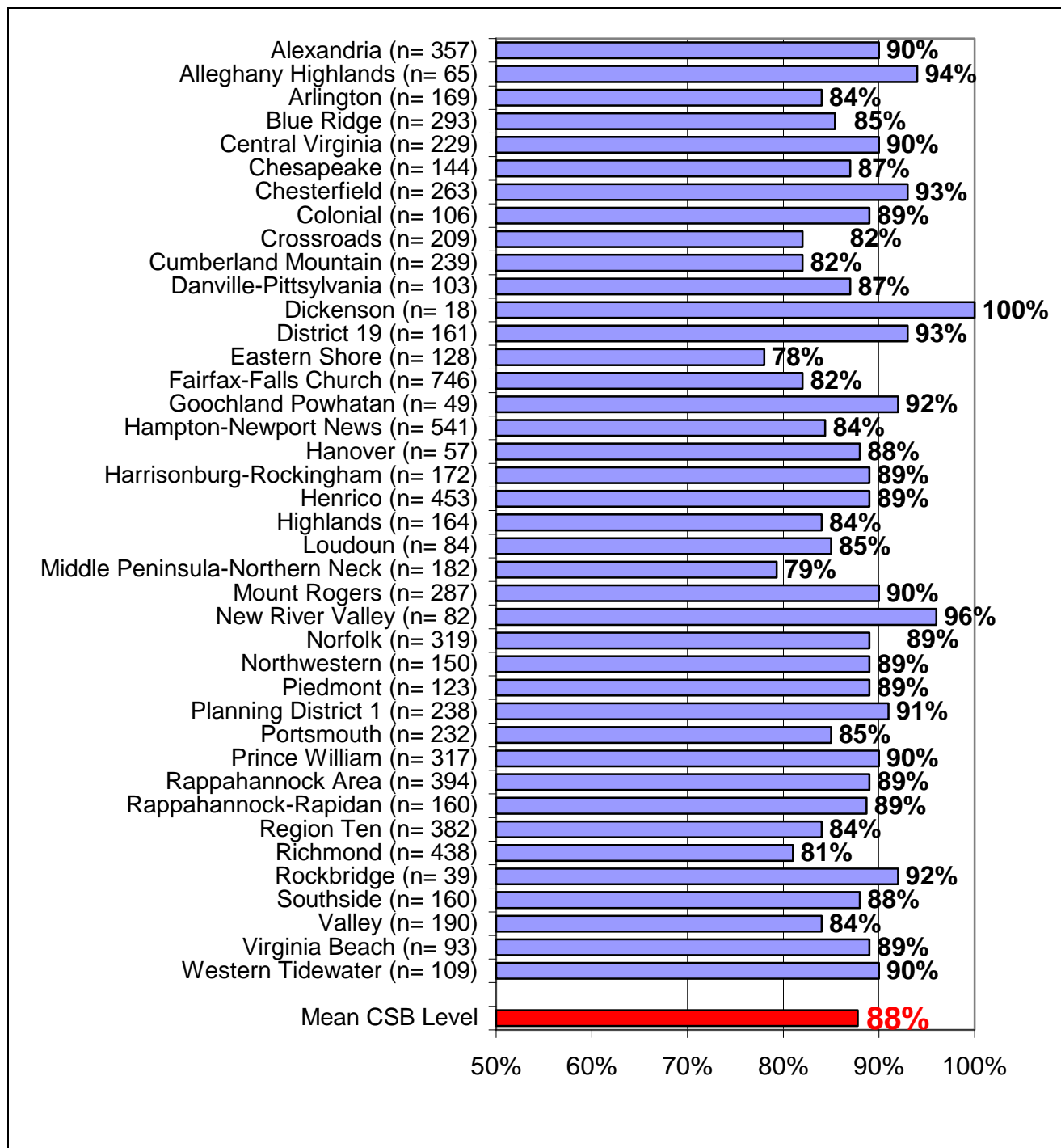
\*\*Social Connectedness was added in 2007

**“Social ties are the cheapest medicine we have.”**  
**----Shelley E. Taylor, Ph.D.**

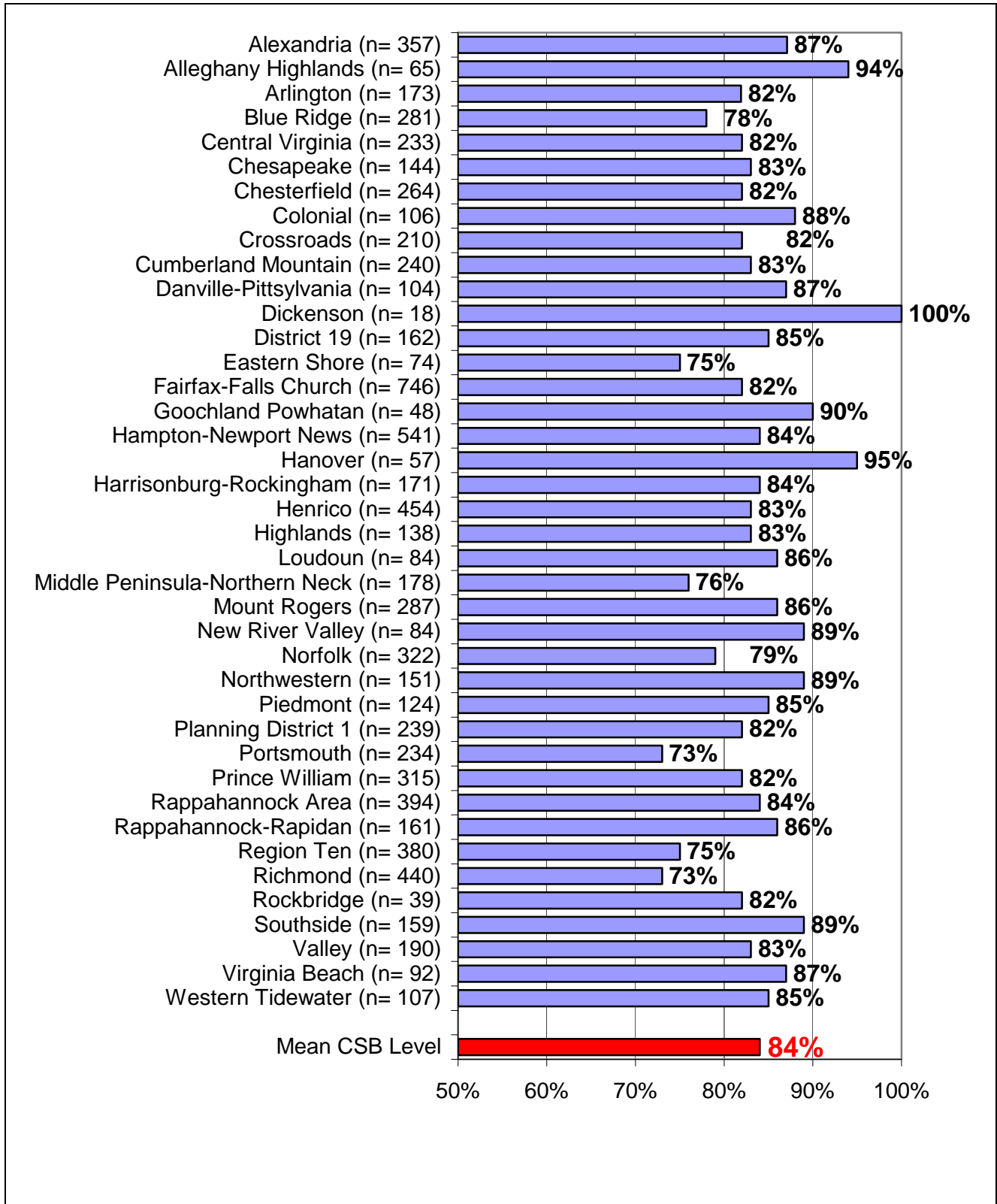
## CSB Level Consumer Perception

In the following section, individual CSB ratings for the six indicator domains are presented. The average CSB satisfaction percent for each domain is included for reference.

**Figure 46: Consumer Satisfaction by CSB - General Satisfaction Domain**



**Figure 47: Consumer Satisfaction by CSB - Access Domain**



**Figure 48: Consumer Satisfaction by CSB - Appropriateness Domain**

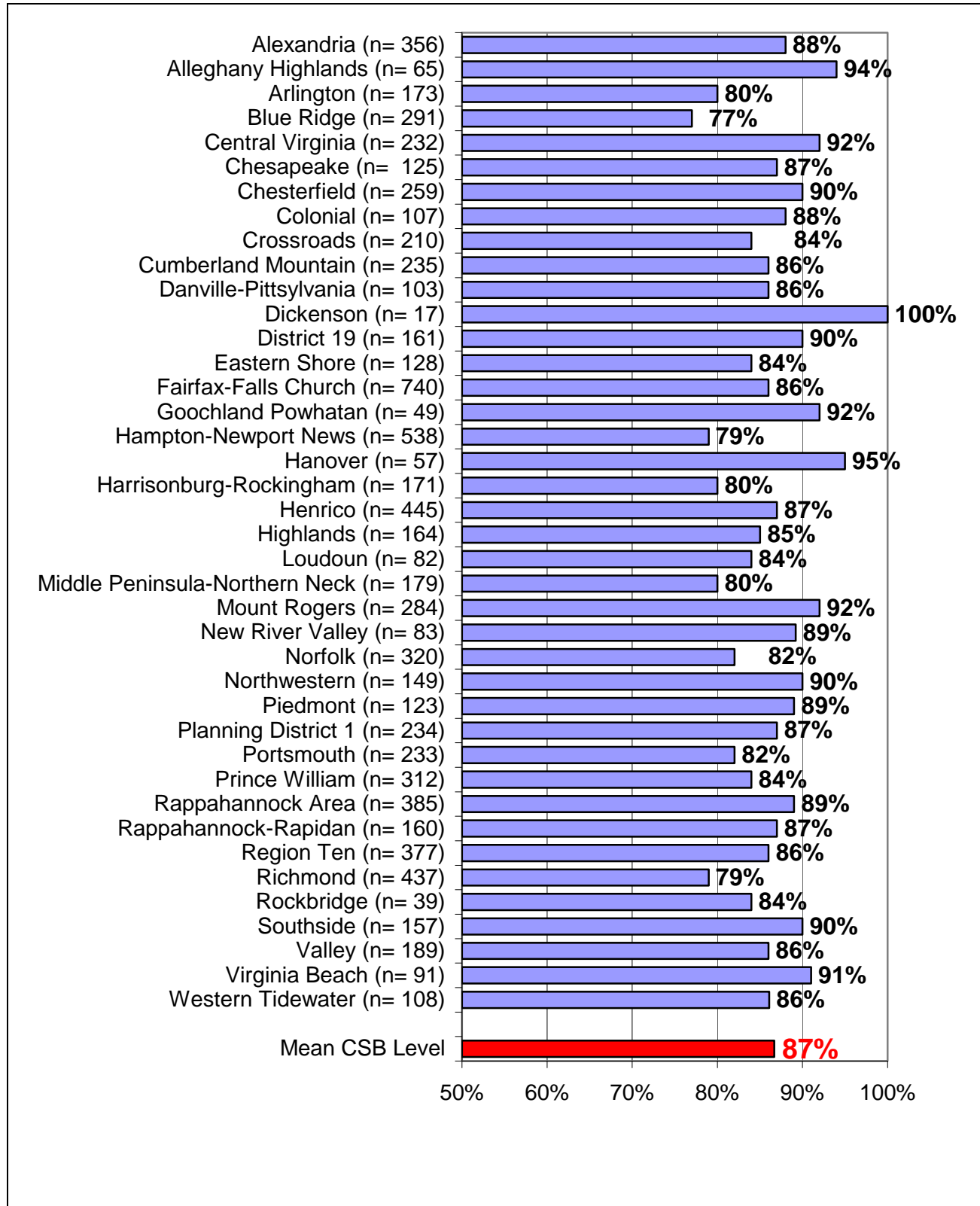
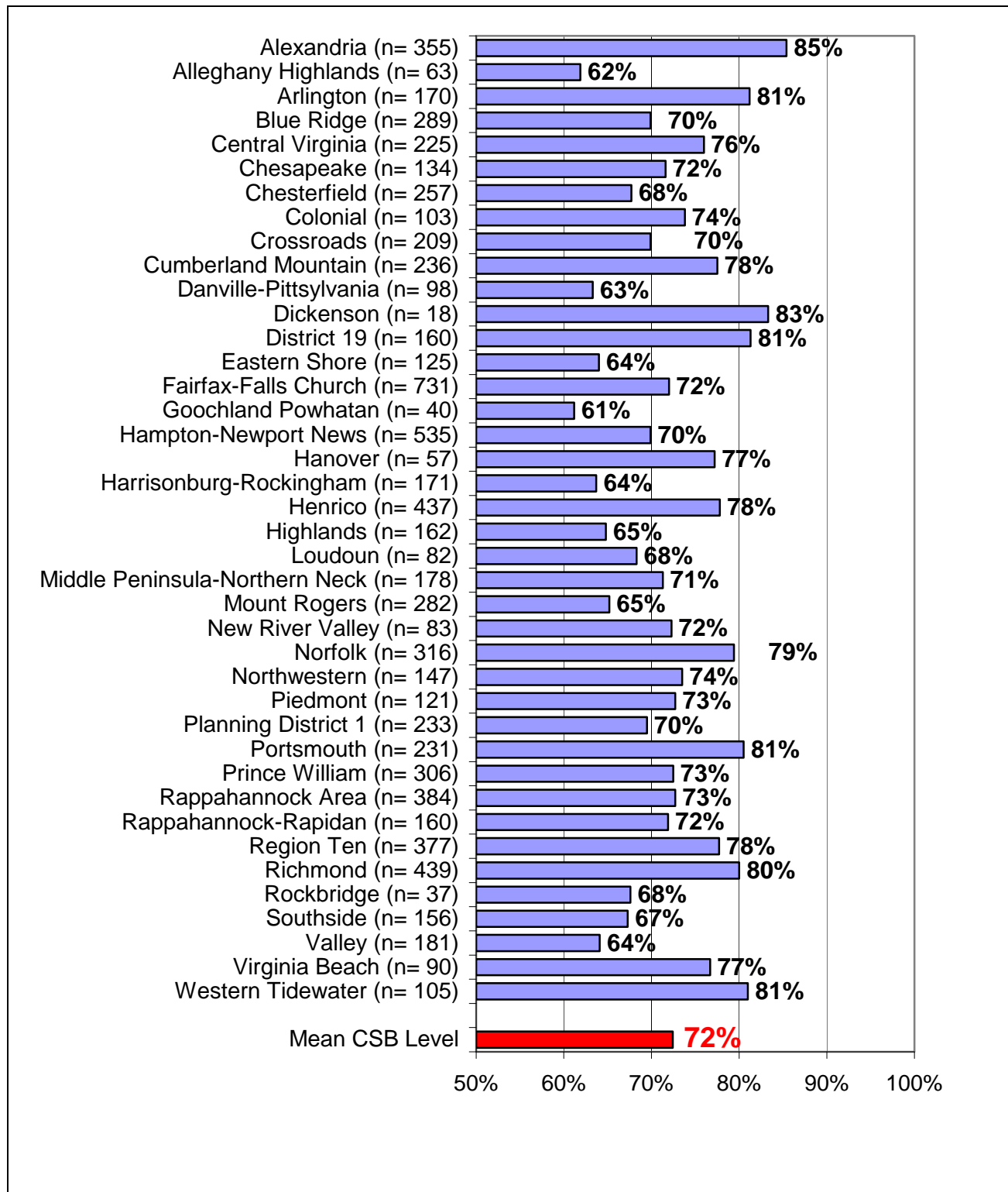
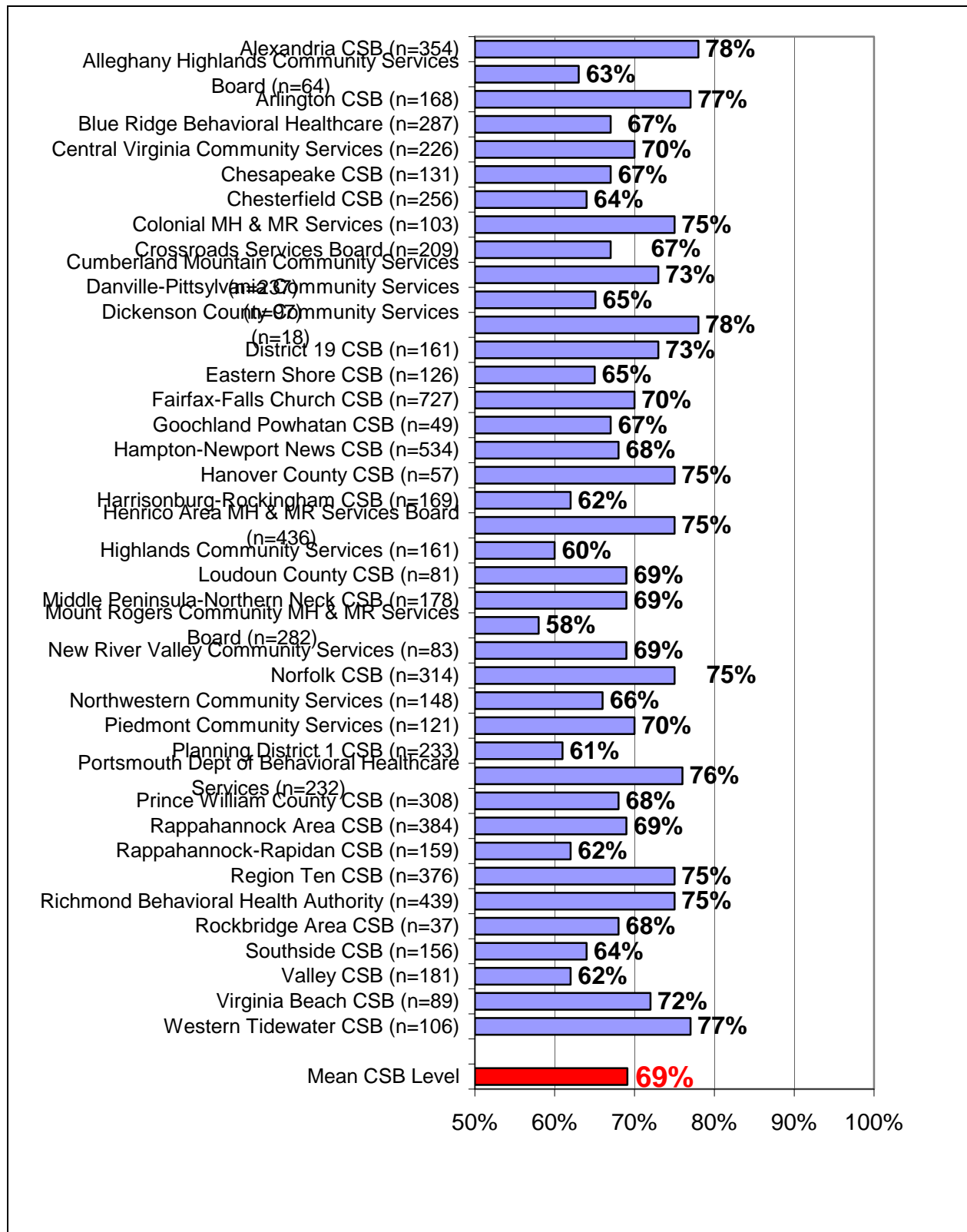


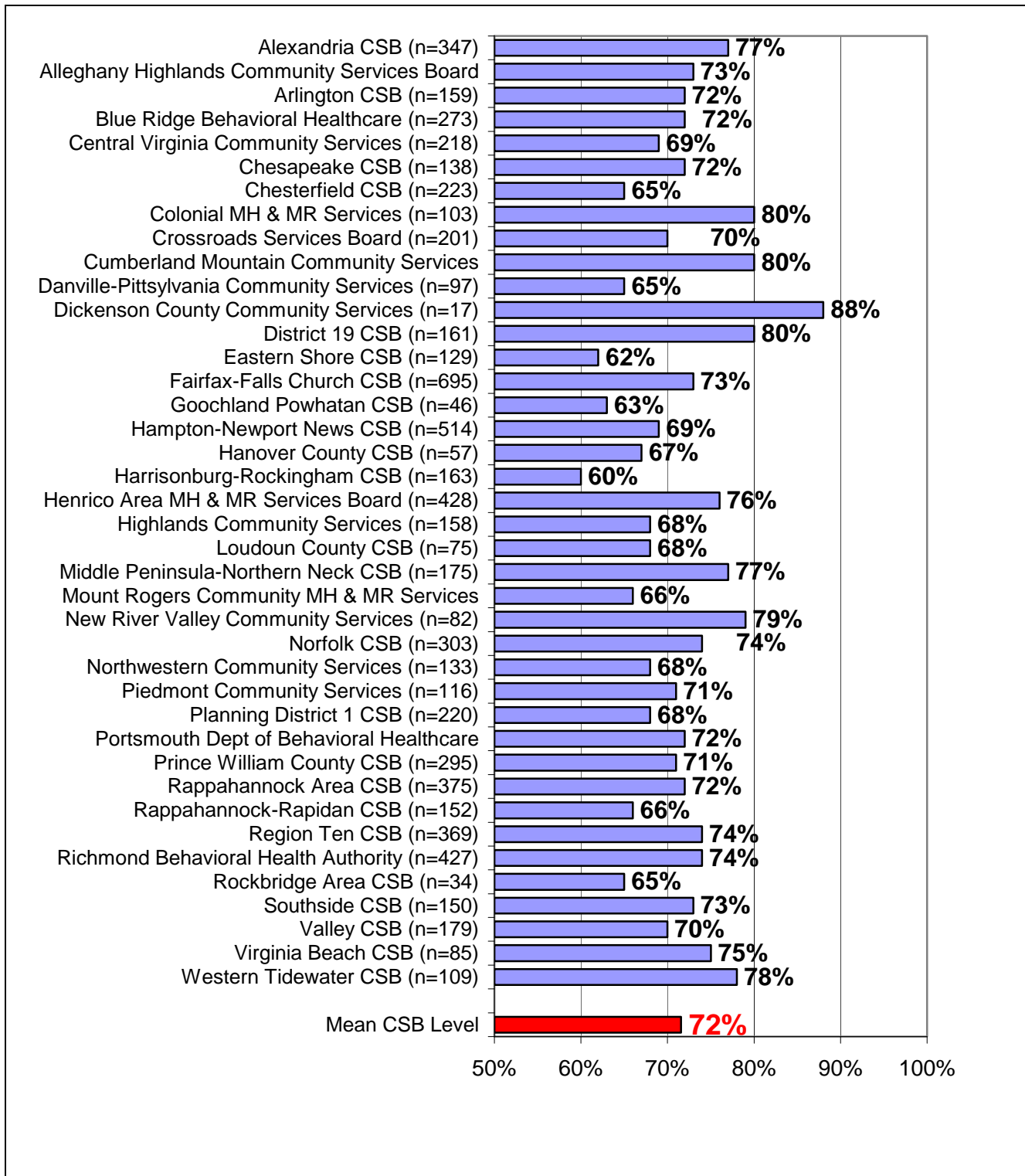
Figure 49: Consumer Satisfaction by CSB - Outcome Domain



**Figure 50: Consumer Satisfaction by CSB - Functioning Domain**



**Figure 51: Consumer Satisfaction by CSB - Social Connectedness Domain**





## Summary

In conclusion, the majority of Virginia's adult mental health and substance use disorder consumers continue to report positive perceptions of the services received through the CSBs on several domains. More than 80% of consumers reported positive perceptions on the domains of Access, Appropriateness and General Satisfaction. About 73% of consumers reported positive perceptions of Outcomes and 70% reported positive perceptions of Functioning which are slightly lower than last previous year. These findings are consistent with results from the previous years, with the exception of Social Connectedness which is introduced in 2007.

Of the consumers surveyed, 51% were female, 62% identify themselves as White, 28% were African-American, seven percent were Hispanic, and approximately 93% were between 21 and 64 years of age. Fifty-four percent of those surveyed receive MH services, 28% receive SUD services, and the remaining 18 percent receive both MH and SUD services. Thirty-six percent of all respondents were referred for treatment services by family, friends or self. Mental health consumers were referred most often (47%) by physicians or hospitals, while SUD clients were referred most often by outside institutions (63%).

Several questions relate to the consumer's experience within a limited period of time. Within the six months prior to the survey, about seven percent of the respondents reported that they had been homeless and about thirty percent had moved at least one time. Within the twelve months prior to the survey, 21% had been arrested, 17% had a psychiatric hospitalization, and 52% had no paid employment. About sixteen percent reported that they had been arrested in the previous year. Of those, 55% were not arrested the following year.

Data was analyzed with regard to satisfaction with services across Access, Appropriateness, General Satisfaction, Outcome, Functioning and Social Connectedness domains. As in previous years, the oldest age group is significantly more likely to report positive perceptions on all domains than the younger age groups. Gender also appears to be significantly related to results on all survey domains, as with earlier surveys. Women are significantly more likely to report positive perceptions in the General Satisfaction, Access, and Appropriateness domains, but men scored higher in the Outcome, Functioning, and Social Connectedness domains.

Hispanic consumers were significantly more likely to report positive perceptions on all domains except Access, although Hispanic scores were still higher on this domain. African-American and consumers in the "Other" category of race were significantly more likely to report a positive perception on the Outcome, Functioning, and Social Connectedness domains than were Whites.

In general, consumers who had been receiving services for longer periods reported more positive perceptions than consumers who received services for only a short time. These differences were significant for all domains except Appropriateness. Those consumers who indicated that they had not been homeless in the past six months were more likely to report positive perceptions of service in all domains than those who had been homeless. Consumers who had not moved within the last six months were significantly the Access, Outcome, and Functioning domains. Those who indicated that they had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Social Connectedness domains than

those who had been arrested. However, those who reported being arrested in the past twelve months scored higher in the Outcomes and Functioning domains.

Those who reported that they had not had a psychiatric hospitalization in the past twelve months were significantly more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains than those who had been hospitalized. However, those that reported being hospitalized scored the same in the General Satisfaction and Access domains than respondents as those who were not hospitalized. Those who indicated that they had not worked at a paid job in the past 12 months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Appropriateness domains, while those who had paid employment in the past 12 months were more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains.

Analyses assessing consumer perceptions in the following three service areas were conducted: MH, SUD and MH/SUD. The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains. The SUD consumers were more likely to report positive perceptions on the Outcome, Functioning, and Social Connectedness domains than either MH or MH/SUD consumers.

Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome, Functioning, and Social Connectedness domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

Considerable variability was found in reported survey response rates, ranging from 14% to 98.2% of kept non-emergency appointments for the survey week. Depending on a CSB's response rate, survey results may be more or less representative of the consumers a CSB is serving. CSB response rates and survey results for 2007 may have been affected by local factors such as policy changes, budget issues, differences in survey instructions, etc. While it is not possible to identify all such influences, such factors should be considered before drawing conclusions about a given CSB's performance.

Several limitations prevent conclusive interpretation of these findings. First, the results of this survey reflect the perceptions of only those consumers who choose to remain in treatment at CSBs. Because consumers who are not in treatment are not surveyed, these results cannot be generalized to all consumers served by CSBs. Furthermore, studies have shown that satisfaction surveys administered by staff show higher rates of satisfaction than surveys that are self-administered or administered by mail. Therefore, these results should only be compared with survey results from surveys utilizing similar methodology.

Second, because participants in the survey were not randomly selected, these findings cannot be generalized to the population served by CSB. Random selection of participants is critical to generalizing the findings to the population being served by a CSB because it ensures that every consumer served by a CSB has an equal chance of being surveyed.

Third, the MHSIP measure used for this survey was designed to improve the quality of mental health programs and services and was not necessarily designed for substance use disorder populations. Thus, caution should be taken when interpreting the results for substance use disorder consumers. It

may be that the significant differences observed between the two populations are partly attributed to the instrument. In addition, all variables were obtained by self-report, making the findings open to self-report biases. Finally, because the survey is a cross-sectional design, these findings represent the perceptions of consumers only at the time of the survey. Perceptions and attitudes may change over time.

Despite these limitations, the survey clearly contributes a greater understanding of consumer perception about publicly funded mental health and substance use disorder treatment services. Race/ethnicity and gender differences in perception of CSB services, for example, highlight the need for CSBs to be continually aware of the importance of such demographic characteristics when providing treatment services.

**Consumer comments:**

- **“I really enjoy my group. This has helped me and motivated me very much!”**
- **“Staff is helpful and friendly. Can't get much better..”**
- **“Entirely too much paper work. Irrelevant questions.”**